

<b>Case Number:</b>	CM15-0039041		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male, with a reported date of injury of 03/08/2013. The diagnoses include right ankle sprain, injury of the ankle, pain in the limb, ankle tendinitis and/or tenosynovitis, and Morton's metatarsalgia. Treatments to date have included an anti-inflammatory cream, electrodiagnostic study of the lower extremities, an MRI of the right ankle on 05/16/2014, an MRI of the right foot on 05/16/2014, and oral medications. The medical report dated 01/27/2015 indicates that the injured worker continued to have right foot pain at the ball of the foot. He stated that he experienced sharp shooting pain, with occasional numbness in his toes. The physical examination showed mild pop of the sinus tarsi and anterior lateral ankle joint, mild swelling of the lateral rear foot and ankle, no pain with range of motion of the ankle, ankle tendon strength was +5/5 for all tendons, and depression of the right longitudinal arch. The treatment plan included the continuation of rest, ice, compression, and elevation (RICE) treatment, anti-inflammatory cream, orthotics, and the request for physical therapy. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy Evaluation/Treatment times 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133 Page(s): Physical Medicine, page(s) 132-133.

**Decision rationale:** In accordance with California MTUS guidelines 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. Regarding this patient's case, oddly only one physical therapy session is being requested ("Physical therapy evaluation/treatment times 1"). There is a lack of documentation regarding if this patient has had prior therapy, and if so what the response was. There is also no documentation of the goals for this one PT session. This request is not considered medically necessary.