

<b>Case Number:</b>	CM15-0052348		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on September 17, 2014. He reported sustaining a crush injury when a trailer fell on top of his left foot. The injured worker was diagnosed as having left foot crush injury with 1st, 2nd, and 3rd metatarsal fractures, well healing, and soft tissue injury. Treatment to date has included physical therapy with 19 visits as of February 4, 2015, left foot x-ray, crutches, boot orthosis, and medication. Currently, the injured worker complains of pain over the fracture sites to the plantar and dorsal surfaces of the left foot, with some pain in the ankle as well. The Primary Treating Physician's report dated February 26, 2015, noted inspection of the left foot/ankle revealed no gross deformity, with moderate effusion noted, and tenderness present across the dorsal and plantar surfaces of the foot and over the metatarsals. The treatment plan was noted to include continued pain and anti-inflammatory medications as needed, continue weight bearing as tolerated, and request for authorization for physical therapy to include ultrasound, massage, and therapeutic exercises three times a week for four weeks for the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 sessions (3x4) of physical therapy for the left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, PT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a history of a work-related injury occurring on September 2014 and continues to be treated after he sustained a left foot crush injury. Treatments have included 19 physical therapy sessions. Guidelines recommend up to 12 treatment sessions over 12 weeks following a crush injury to the foot. In this case, the claimant has already had physical therapy in excess of this recommendation. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.