

<b>Case Number:</b>	CM15-0233967		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Arizona, California  
 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 65-year-old female who sustained an industrial injury on 5-20-2014 and has been treated for fracture of the right fifth metatarsal. She had an open reduction internal fixation. On 10-23-2015 the injured worker reported constant right foot pain which increases at the end of the day, and includes swelling and numbness across the outside of her foot. Significant objective findings includes note of an antalgic gait, numbness to light touch, mild tenderness over the anterior ankle and proximal foot, and there was "good" range of motion. Documented treatment includes some physical therapy, but she had to stop due to bronchitis and her prescription has expired. There are 9 physical therapy notes provided with the documentation. She is also noted to be taking Zorvolex, and has been treated with Naproxen. The treating physician's plan of care includes 4 additional sessions of physical therapy for the right foot which was non-certified on 11-5-2015. Current work status is modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 2 weeks to the right foot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Ankle & Foot.

**Decision rationale:** According to the guidelines, 21 sessions of physical therapy are recommended for metatarsal fractures. In this case, the claimant completed at least 9 sessions of physical therapy. The claimant had pain with walking but improved with the initial therapy visits. The request for 4 additional therapy sessions for the right foot is appropriate.