

<b>Case Number:</b>	CM14-0114695		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41-year-old female who sustained an injury on 08/24/12. She complained of constant right leg and ankle pain, rated at 7/10, which she described as burning with numbness. There was an associated symptom of joint stiffness of the right ankle joints. On exam, edema was 1+ and not pitting up to the right ankle and erythema over the foot of the right lower extremity. There was soft tissue tenderness over the dorsum of the foot of the right lower extremity. The right foot was cooler than the left. Current medications include Naprosyn, Topiramate and Terocin. Diagnoses included joint pain in ankle and foot; fracture of great toe; foot pain; skin sensation disturbance; ankle pain; complex regional pain syndrome-type 1; and plantar fasciitis. She was treated with medications, physical therapy in January 2014, orthotics, as well as injections to the right foot despite which she remained symptomatic. The request for physical therapy 2 times a week for 3 weeks for the right foot was denied on 07/11/14.

### 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 3 weeks for the right foot: Upheld**

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

**MAXIMUS 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, Physical therapy

**Decision rationale:** As per Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines for allow 9 visits over 8 weeks for ankle / foot sprain, Achilles bursitis/ enthesopathy and 12 visits over 12 weeks for metatarsals / digits fracture. Chronic Pain Medical Treatment Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the worker utilizing a home exercise program. At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.