

<b>Case Number:</b>	CM14-0096165		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 66 year old female with an injury date of 01/05/14. Based on the 04/14/14 progress report by [REDACTED] the chief complaint of this patient is left foot problem. Exam of this patient by [REDACTED] shows "left foot in eboot, mild swelling, good DP (Dorsalis pedis) pulse, decreased PF." Diagnoses for this patient are "closed fracture [left] foot, calcaneus and aftercare healing traumatic fracture." The utilization review being challenged is dated 06/05/14. The request is for additional physical therapy x 6. The requesting provider is [REDACTED] and she provided various progress reports from 01/05/14 to 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be

used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks Page(s): 98, 99.

**Decision rationale:** This patient presents with calcaneal fracture of the left foot. The treater requests additional physical therapy x6 for the left ankle. MTUS Physical Medicine Guidelines do not specifically discuss therapy following foot fracture. This patient did not have a surgical correction of the foot fracture. For myalgia/myositis type of condition, MTUS allows for 9-10 sessions and the patient should be allowed some therapy. Physical therapy progress notes by [REDACTED] on 06/04/14, reports this patient "feels like she is doing okay," and document "10/12 visit count, request 6 more." Given that the patient already has been authorized for 12 sessions, additional sessions may not be indicated. The treater does not explain why additional sessions are needed. Therefore, recommendation is that the request is not medically necessary.