

<b>Case Number:</b>	CM14-0213508		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 42-year-old male with a date of injury of 04/10/2013. According to progress report dated 11/24/2014, the patient presents with chronic low back pain and ankle/foot pain. The patients current medication includes nortriptyline 10 mg capsule 2 nightly. The patient states without medication pain score is 9/10, and with medication, pain is reduced to 6/10. Physical examination revealed the patient is utilizing stool softeners to prevent constipation and routinely takes medication for sleep. The patient was noted to ambulate with cane for support. He had a brace/orthotic on the right foot/ankle. He was alert and has affect concern. This is the extent of the physical examination. The listed diagnoses are: 1. Lumbar degenerative disk disease. 2. Ankle/foot pain. The patient is TTD. According to progress report dated 10/30/2014, the patient presents for refill of medications. Physical examination noted unchanged except for use of cane and no CAM boot. Moderately obese. Slightly depressed affect. Slow movement with antalgia related to the stance and push off phase of the ankle injured. This is a request for physical therapy 3 times a week for 8 weeks for the right ankle and foot. The utilization review denied the request on 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for eight (8) weeks for the right ankle and foot:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS post-surgical treatment guidelines Page(s): 13-14.

**Decision rationale:** This patient is status post right foot cheilectomy of the talonavicular joint and right foot repair of the spring ligament with Arthrex System III on 06/13/2014. The current request is for physical therapy three (3) times a week for eight (8) weeks for the right ankle and foot. The physical therapy request is within the post-surgical time frame. The MTUS post-surgical treatment guidelines pages 13-14 recommends: Enthesopathy of ankle and tarsus (ICD9 726.7): Postsurgical treatment: 9 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months this patient has participated in 31 postoperative physical therapy sessions for the right foot. Utilization review letter dated 11/25/2014 indicates the patient has been additionally been authorized 12 visits of aquatic therapy on 11/06/2014. Review of physical therapy notes indicates that additional therapy was requested to increase ankle range of motion and strength. In this case, the treating physician has not provided any discussion why the patient would not be able to transition into a self-directed home exercise program. In addition, the treater's request for additional 24 sessions exceeds what is recommended by MTUS post-surgical guidelines. The requested additional physical therapy is not medically necessary.