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| <b>Case Number:</b>   | CM14-0056564 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 06/14/2011 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 03/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2014 |

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 14, 2011. In a utilization review report dated March 31, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy for the ankle as 9 sessions of the same. The claims administrator referenced a March 6, 2014 progress note in its determination. The claims administrator also approved an ankle corticosteroid injection. The applicant's attorney subsequently appealed. On December 10, 2013, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of neck pain, low back pain, shoulder pain, wrist pain, ankle pain, depression, and anxiety. A podiatry consultation and localized intense nerve stimulation therapy were proposed. The applicant was using Norco, Motrin, Neurontin, Flexeril, and several topical compounds, it was noted on November 20, 2013. In a handwritten note dated January 26, 2014, the applicant's podiatrist suggested that the applicant pursue podiatry for issues with ankle synovitis and suspected tarsal tunnel syndrome. Large portions of the progress note were difficult to follow. The applicant's podiatrist continued to request podiatry at various points in 2014, including on February 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Bilateral Achilles (2 x 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1042, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.2.

**Decision rationale:** No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant has had earlier unspecified amounts of physical therapy over the course of the claim and has, however, failed to profit from the same. The applicant remains off work, on total temporary disability. The applicant remains dependent on a variety of analgesic medications, including topical compounds, Norco, Neurontin, Motrin, Flexeril, etc. The applicant continues to use a cane. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for physical therapy was not medically necessary.