

<b>Case Number:</b>	CM15-0013069		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 44 year old male who sustained an industrial related injury on 3/24/14 after a fall. The injured worker had complaints of low back pain, tailbone pain, and left foot pain with restricted mobility. Physical examination findings included lumbar spine tenderness, lumbar limited range of motion, and decreased sensation to light touch over the right thigh. Left ankle diffuse tenderness and antalgic gait were also noted. The injured worker walked with a cane. Diagnoses included lumbar spine sprain/strain, left foot high energy injury, left foot Lisfranc fracture dislocation, and left foot non-displaced cuboid fracture. Treatment included left midfoot fusion arthrodesis with placement of screws and a bone graft on 8/5/14, Norco, and physical therapy. The treating physician requested authorization for physical therapy 2x6 for the left ankle. On 12/29/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of documentation including the number of physical therapy sessions completed and evidence of significant objective functional improvement with the prior physical therapy sessions. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 6 weeks left ankle. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spine sprain-strain; left foot high energy injury; left foot, LisFranc fracture dislocation; left foot nondisplaced cuboid fracture; left foot post operative open treatment of LisFranc injury reduction of joints midfoot, fusion arthrodesis left mid foot placement of arthrex 4.0mm regulated screws times three. The request is for an additional 12 physical therapy sessions. The clinical documentation does not contain the total number of physical therapy sessions to date, physical therapy notes, documentation of objective functional improvement based on prior therapy, and the patient's current functional condition. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no exceptional factors/compelling clinical facts to warrant additional physical therapy. Consequently, absent compelling clinical documentation to indicate additional physical therapy is necessary, physical therapy 2 times per week for 6 weeks left ankle.