

<b>Case Number:</b>	CM15-0013236		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/15/2015
<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  
 Certification(s)/Specialty: Emergency 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 57 year old male, who sustained an industrial injury on 8/26/2014. He has reported left arm pain status post a fall at work. The diagnoses have included left wrist pain; multiple left wrist fracture and dislocation, subsequently requiring an Open Reduction and Internal Fixation (ORIF) with percutaneous pinning that was completed on 9/14/14. Treatment to date has included surgical intervention, analgesic, and physical therapy. Currently, the IW complains of left lower extremity discomfort. Physical examination from 12/3/14 documented left foot pain with x-ray results from imaging obtained on the same date indicating a calcific deposit on the Achilles tendon. Plan of care included additional physical therapy to left wrist/forearm and addition physical therapy sessions to treat left foot. On 1/15/2015 Utilization Review modified certification for ten (10) physical therapy sessions for the left wrist/arm, and non-certified physical therapy for the left leg/ankle, noting the functional deficits were documented for the arm and not for the lower extremity. The MTUS Guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of ten (10) physical therapy sessions for left wrist/arm and for left leg/ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the left arm/wrist and left leg/ankle x 10 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot, Physical therapy

**Decision rationale:** The requested Additional physical therapy to the left arm/wrist and left leg/ankle x 10 visits, is not medically necessary. ODG, Ankle and Foot, Physical therapy recommends continued physical therapy with documented functional improvement. The injured worker has left lower extremity discomfort. Physical examination from 12/3/14 documented left foot pain with x-ray results from imaging obtained on the same date indicating a calcific deposit on the Achilles tendon. The treating physician has not documented objective evidence of derived functional benefit from completed physical therapy, participation in a dynamic home exercise program, nor the medical necessity for additional physical therapy. The criteria noted above not having been met, Additional physical therapy to the left arm/wrist and left leg/ankle x 10 visits is not medically necessary.