

<b>Case Number:</b>	CM15-0113979		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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 61 year old male, who sustained an industrial injury on September 5, 2014. Treatment to date has included physical therapy and medications. Currently, the injured worker exhibits an antalgic gait with a shortened stride and favors his right side. He has edema at the right forefoot dorsally with no ecchymosis. He has pain on compression of the right foot and range of motion of the right foot and ankle elicits pain. X-ray of the right foot on March 27, 2015 reveal minimally displaced intra articular joint depression type fracture of the right calcaneus with dorsal displacement of the tuberosity and resulting mal union disuse osteopenia of the right foot. The diagnoses associated with the request include calcaneus fracture. The treatment plan includes bone stimulator rental, physical therapy evaluation for the right ankle and foot, gait training with range of motion and strengthening and modified work activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy re-evaluation, right ankle/foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 18.

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

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had previous visits since his injury in 9/5/2014 and there is no documentation indicating that he has had a defined functional improvement in his condition. There is no specific indication for the additional physical therapy sessions. Medical necessity for the additional PT visits requested has not been established. The requested services are not medically necessary.

**Gait training, full weightbearing, 3 times weekly, right ankle/foot Qty 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 18.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot.

**Decision rationale:** The documentation indicates that this patient has had previous physical therapy visits since his injury in 9/5/2014 and there is no documentation indicating that he has had a defined functional improvement in his condition. There is no specific indication for the gait training, full weight bearing for the right foot and ankle. Medical necessity for requested services has not been established. The requested services are not medically necessary.

**Range of motion, 3 times weekly, right ankle/foot, Qty12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 18.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot.

**Decision rationale:** The documentation indicates that this patient has had previous physical therapy visits since his injury in 9/5/2014 and there is no documentation indicating that he has had a defined functional improvement in his condition. There is no specific indication for range of motion exercises for the right foot and ankle. Medical necessity for requested services has not been established. The requested services are not medically necessary.

**Strengthening, 3 times weekly, right ankle/foot, Qty12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 18.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot.

**Decision rationale:** The documentation indicates that this patient has had previous physical therapy visits since his injury in 9/5/2014 and there is no documentation indicating that he has had a defined functional improvement in his condition. There is no specific indication for strengthening for the right foot and ankle. Medical necessity for requested services has not been established. The requested services are not medically necessary.