

<b>Case Number:</b>	CM15-0115188		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 61 year old female who was sustained an industrial injury on 5/12/05. Diagnoses include: chronic bilateral foot pain, left greater than right, status post multiple surgeries, worker's compensation permanent and stationary and chronic pain syndrome. Treatments include medication, lidoderm patches, injections, ice, rest, physical therapy and surgery. Progress note dated 5/22/15 reported complaints of pain in right foot/ankle. Physical therapy has provided mild and continued improvement. The injured worker reported pain in her right great toe and the bottom of the great joint. Plan of care includes: use removable metatarsal pad to decrease weight bearing pressure, request for 6 additional physical therapy visits to continue to improve overall lower extremity problems. Follow up in 2-3 weeks time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right foot/ankle, quantity: 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic foot or ankle pain. At this point the patient is quite far from the initial date of injury and with no substantial objective evidence of functional improvement after many sessions of physical therapy. Without strong evidence for physical therapy being beneficial, medical necessity of physical therapy cannot be justified as any greater than a home exercise program emphasizing education, independence, and the importance of on-going exercise. In this case, a home exercise program should be encouraged, and therefore the request for further physical therapy is not medically necessary based on the provided records.