

<b>Case Number:</b>	CM15-0144403		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on December 05, 2014. The injured worker reported a fall from scaffolding causing injury to the back, right foot, and elbow. The injured worker was diagnosed as having right elbow and forearm contusion, fracture of the third metatarsal of the right foot, and lumbar spine strain. Treatment and diagnostic studies to date have included x-ray to the foot, at least six sessions of physical therapy, and medication regimen. In a progress note dated June 24, 2015 the treating physician reports complaints of symptoms to the right foot. In a progress note from May 13, 2015 the treating physician noted complaints of pain to the back. Examination reveals swelling of the right foot. The treating physician noted an x-ray of the right foot that was unrevealing for fracture. Documentation from April 01, 2015 noted prior physical therapy that did not provide assistance for the injured worker and the documentation did not indicate that the injured worker experienced functional improvement with prior physical therapy. The treating physician requested twelve sessions of physical therapy for the right foot and ribs, but the documentation did not indicate the specific reason or the requested therapy.

### 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 and ribs; 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the right foot and left ribs. The current request is for Physical therapy for the right foot and ribs; 12 sessions. The report with this request is not provided for review. The treating physician states in the report dated 2/18/15, "He has attended six sessions of physical therapy, which provided him no relief." (45B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process." and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has documented that the patient has attended physical therapy but did not have any functional improvement and this request exceeds the MTUS guidelines recommendation of 10 visits. The current request is not medically necessary.