

<b>Case Number:</b>	CM15-0172216		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 female who sustained an industrial injury on 8-24-10 when while standing she developed left foot and ankle pain. Diagnoses included bilateral posterior tibial tendon repair (9-12-14); sprain, strain of the feet and ankles; painful gait; disc protrusion with radiculopathy, lumbar spine. She currently (7-30-15) complains of continued right foot pain and numbness, left foot significantly improved; lumbar spine pain with a pain level of 10 out of 10 (per 7-20-15 note). Norco reduces her pain but no pain level was enumerated. In the 10-7-14 note the injured worker had walked on her right foot against medical advice post-operatively and developed an issue with increased pain to the right foot. Her right ankle pain was described in the 4-1-15 progress note as similar to the current symptoms. On physical exam there was continued numbness on the dorsal aspect of the foot and toes 2-5, overall she is neurologically stable; muscular exam was normal. She ambulates with an antalgic gait and has right foot weakness. Diagnostics include electrodiagnostic study of the bilateral lower extremity (6-6-14) showing chronic right and left L4 and L4 radiculopathy, right tibial motor neuropathy, possible bilateral S1 radiculopathy; computed tomography of the right ankle show that findings were consistent with small portion of the ankle present in the navicular bone (within the 2-3-15 note); MRI of the right ankle (5-1-14) abnormal. Treatments to date include physical therapy which is helping to improve her symptoms but overall she has pain issues with the right foot (per 3-17-15 progress note), she has had numerous sessions of physical therapy dating back to 10-2011; medications: (current) Norco; 2nd epidural steroid injection with 1 month relief; ankle brace. In the progress note dated 7-30-15 the treating provider's plan of care included a request for

physical therapy three times per week for eight weeks for the right foot as she continues to have active posterior tibialis tendon as well as an issue with the ankle joint. The request for authorization dated 8-13-15 indicated physical therapy, initial evaluation, range of motion, therapeutic exercise. On 8-20-15 utilization review evaluated and non-certified the request for 18 sessions of physical therapy for the right foot, evaluation, range of motion measurements and therapeutic exercise based on over 2 years of treatment without improvement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**18 sessions of physical therapy for right foot including evaluation, range of motion measurements, and therapeutic exercise: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic): Physical therapy (PT) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 18 physical therapy sessions to the right foot including evaluation, range of motion measurements and therapeutic exercises is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are bilateral posterior tibial tendon repair; sprain strain of the feet and ankles; and painful gait. The date of injury is August 24, 2010. Request for authorization is August 14, 2015. Utilization review references a May 28, 2015 progress note (not in the medical record for review). The May 20, 2015 progress note addresses 30 conservative treatments. Additionally, the utilization review notes 24 physical therapy sessions to the right foot. There are physical therapy progress notes from 2011 and 2012. There are no recent physical therapy progress notes in the medical record. The total number of physical therapy sessions is not documented medical record. There is no documentation demonstrating objective optional improvement. According to a July 30, 2015 progress note, the injured worker underwent bilateral posterior tibial tendon repairs. The injured worker has ongoing rights with pain. The treating provider is requesting continuous physical therapy. There are no compelling clinical facts indicating an additional 18 physical therapy sessions is warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from physical therapy after 2012, the total number of physical therapy sessions to date and no

compelling clinical facts indicating additional physical therapy is warranted, 18 physical therapy sessions to the right foot including evaluation, range of motion measurements and therapeutic exercises is not medically necessary.