

<b>Case Number:</b>	CM15-0179238		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Texas, New York, California

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 18, 2014. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for six sessions of physical therapy while approving the request for physical therapy for the low back and knee. The claims administrator contended that the applicant had had 20 sessions of postoperative physical therapy for the foot following a fifth metatarsal fracture ORIF surgery of March 2015. An August 7, 2015 progress note and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 14, 2015, difficult to follow, not entirely legible, the claimant reported ongoing complaints of foot pain status post a fifth metatarsal fracture. X-rays taken demonstrated healing of the fifth metatarsal fracture. The claimant did report some residual pain about the left lateral foot. Orthotics were endorsed for the same. The claimant's work status was not detailed. On another handwritten progress note dated June 11, 2015, difficult to follow, not entirely legible, the claimant was described as four months removed from the earlier fifth metatarsal ORIF procedure. Minimal pain complaints were noted. X-rays demonstrated a well-reduced fracture. The claimant was asked to employ a boot on this date while remaining off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, Left Foot, 2 times wkly for 3 wks, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

**Decision rationale:** No, the request for an additional six sessions of physical therapy for the foot was not medically necessary, medically appropriate, or indicated here. The claimant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier fifth metatarsal ORIF surgery on an unspecified date in March 2015 as of the date of the request, August 7, 2015, per the claims administrator's UR report of August 17, 2015. The claimant had already had prior treatment (20 sessions), per the claims administrator (seemingly in-line with the 21-session course suggested in the MTUS Postsurgical Treatment Guidelines) following surgery for a metatarsal fracture, as seemingly transpired here. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c4 further stipulates that the frequency of visits shall be gradually reduced or discontinued as a claimant gains independence in management of symptoms and with achievement of functional goals. Here, the handwritten August 14, 2015 progress note was thinly and sparsely developed, difficult to follow, not entirely legible, and did not identify the presence of any significant deficits, which would have compelled the lengthy formal course of physical therapy at issue. The applicant's work and functional status were not detailed. X-rays demonstrated a well-healed metatarsal fracture. It did not appear that the applicant had specific functional goals, which were amenable to further formal physical therapy. Therefore, the request was not medically necessary.