

<b>Case Number:</b>	CM15-0179520		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 28-year-old male who sustained an industrial injury October 21, 2014. Diagnoses have included chronic lumbago, right lateral meniscal tear, history of right foot fractures, right foot peroneal tendonitis and posterior tibial tendonitis vs. tarsal tunnel syndrome, arthrofibrosis of the right ankle, and right plantar fasciitis. Documented treatment includes medication including Anaprox and Ultram reported to lower pain levels from 7-9 out of 10 to 4 out of 10 in the right foot; and, 2 out of 10 in the low back. Medication is stated to help improve his ability to perform activities of daily living. The injured worker continues to complain of right foot and ankle pain. The June 24, 2015 note reports tenderness over the peroneal and posterior tibial tendons and arthrofibrosis of the ankle. Range of motion of the dorsiflexion was stated as "neutral"; plantar flexion at 24 degrees; inversion 8 degrees; and, eversion 2 degrees. The physician stated that the injured worker walked with a "normal" gait, and had "normal right foot x-rays." During the August 10, 2015 visit, the injured worker reported low back pain radiating into the right buttocks, being worse with prolonged sitting. This has been interfering with his ability to participate in activities of daily living. The treating physician's plan of care includes 6 sessions of physiotherapy for the right foot and low back. This was denied August 31, 2015. Current work status is temporary totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 times a week for 3 weeks to right foot and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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, Low back section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the right foot and lower back 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 therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic lumbago; right lateral meniscal tear; history right foot fractures healed; right foot peroneal tendonitis; right foot posterior tibial tendinitis versus tarsal tunnel syndrome; arthro-fibrosis of the right ankle. Date of injury is October 21, 2014. Request for authorization is August 4, 2015. According to a progress note dated June 24, 2015, the engine worker received physical therapy. According to a February 5, 2015 initial physical therapy progress note, the injured worker was prescribed physical therapy two times per week times six weeks with progression to a home exercise program. According to a June 24, 2015 progress note, the injured worker has ongoing back pain, right knee pain and right heel. Objectively, there is tenderness palpation over the distal tibia ankle and lumbar spine. There are no compelling clinical facts indicating additional physical therapy is warranted. The injured worker is engaged in a home exercise program. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, normal gait and heel toe, and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times three weeks to the right foot and lower back is not medically necessary.