

<b>Case Number:</b>	CM15-0042225		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

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 53 year old male, who sustained an industrial injury on 06/12/2012. He reported a left knee and foot injury. The injured worker is currently diagnosed as having status post open reduction and internal fixation and rearthrodesis of the Lisfranc joint, failed Lisfranc arthrodesis of left foot, fracture of first, second, and third cuneiform region, and painful gait. Treatment to date has included left foot MRI, surgery, orthotic intervention, and medications. In a progress note dated 02/09/2015, the injured worker presented with complaints of continued pain in his left foot. The treating physician reported suggesting proceeding with surgical intervention in the form of arthrodesis of the tarsometatarsal junction of the mid foot involving the first, second, and third tarsometatarsal joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week time four weeks for the left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The patient presents with unrated left foot pain and difficulty ambulating. The patient's date of injury is 06/12/12. Patient is status post open reduction, internal fixation and rearthrodesis of the Lisfranc joint with hardware placement on 03/03/14. The request is for PHYSICAL THERAPY THREE TIMES A WEEK TIMES FOUR WEEKS FOR THE LEFT FOOT. The RFA is dated 02/16/15. Physical examination dated 02/09/15 reveals tenderness to palpation of the tarsometatarsal junction, some instability of the metatarsal heads with dorsal force to the forefoot. The patient's current medication regimen was not provided. Diagnostic imaging included X-ray of the left foot dated 07/03/13 indicating possible fracture of the proximal phalanx of the little toe. Patient's current work status is not specified. MTUS pages 98,99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 12 additional PT sessions for the management of this patient's chronic pain, the treater has exceeded guideline recommendations. It is unclear how much physical therapy this patient has had to date or what the post-surgical rehabilitation regimen included. MTUS indicates that patients who are no longer in the post-operative time frame may receive up to 10 visits of physical therapy. However in this case the treater is requesting 12, exceeding guidelines. Therefore, the request IS NOT medically necessary.