

<b>Case Number:</b>	CM15-0062912		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 49 year old male who sustained an industrial injury on 4/2/13. The injured worker reported symptoms in the right shoulder, right upper extremity, back and bilateral lower extremities. The injured worker was diagnosed as having fractured carpal bone, joint pain hand, and joint pain forearm. Treatments to date have included injections; status post left foot triple arthrodesis, use of wheelchair, activity modification. Currently, the injured worker complains of pain in the right shoulder, right upper extremity, back and bilateral lower extremities. The plan of care was for physical therapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x8 for bilateral feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy 2 times per week times 8 weeks to the bilateral feet 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 right foot claw toe/hammertoe deformities; right foot calcaneus cuboid joint arthritis; left forefoot deformities 3-5th hammertoe deformities, malunion of second and third metatarsal fractures; status post left foot triple arthrodesis; bilateral ankle joint stiffness. The injured worker has a date of injury in 2013. The injured worker sustained a right open calcaneus fracture status post I&D without surgical repair, left with multiple fractures status post arthrodesis. The guidelines recommend 21 visits over 16 weeks for calcaneus fracture. The documentation indicates the injured worker received physical therapy to date in excess of the recommended guidelines (according to the UR). The total number of physical therapy sessions, however, is unclear. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement, additional physical therapy two times per week times eight weeks to the bilateral feet is not medically necessary.