

<b>Case Number:</b>	CM15-0069089		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Pain Management

### 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, with a reported date of injury of 10/21/2014. The diagnoses right ankle fracture, calcaneal fracture, upper back contusion, and thoracolumbar radiculopathy. Treatments to date have included Ibuprofen, an x-ray of the right foot, Nabumetone, an MRI of the thoracic spine, and physical therapy. The medical report dated 03/02/2015 indicates that the injured worker complains of right foot and back pain. Most of the pain was in his lower back. The physical examination showed no bruising in the foot or ankle, mild swelling, tenderness to palpation of the mid-back, and bilateral positive straight leg raise with pain in the low back. The treating physician requested six physical therapy sessions for the right foot and back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical therapy session, 2 x per week x 3 weeks, right foot and back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 298, 369, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26

MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy, Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.