

Case Number:	CM13-0011791		
Date Assigned:	09/24/2013	Date of Injury:	10/29/2012
Decision Date:	01/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 55 year old male who had a comminuted calcaneus fracture of the right foot due to a work related injury on 10/29/2012. The patient underwent open reduction and internal fixation of the right calcaneus on 12/06/2012. The patient completed extensive physical therapy, attended chiropractic therapy, and was on medication management for pain. In 04/2013, the patient had myofascial release performed in the physician's office for findings of active trigger points in the right gastrocnemius, right peroneus brevis, right flexor hallucis longus, and right flexor hallucis brevis muscle(s). In 06/2013, the patient was noted to be improving with physical therapy and ambulating in a regular shoe. The physical therapy notes submitted for review do not indicate the patient's progress throughout course of treatment. The plan was to continue physical therapy at two times a week over six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: MTUS Chronic Pain Guidelines state "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices". CA MTUS would support 9-10 sessions of physical therapy for myalgia and myositis and 8-10 sessions for neuralgia. The physical therapy progress notes lack documentation of employee's progress or compliance with therapy and a self-directed home exercise program. There is no indication why the employee would continue to require formal physical therapy when a home exercise program has been instructed. The request for 12 additional physical therapy sessions is not medically necessary or appropriate.