

Case Number:	CM13-0015029		
Date Assigned:	10/04/2013	Date of Injury:	05/26/2012
Decision Date:	02/04/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/21/2013

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 Family Practice, and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old female who reported injury on 05/26/2012. The mechanism of injury was not provided. The patient was noted to have undergone, per clinical documentation, 10 visits of supervised physical therapy and it was noted that the patient had physical therapy at home for 4 to 6 weeks by her husband who is a physical trainer. The patient was noted to not have had any relief from the physical therapy that was done at home. It was noted the patient had pain in their shoes due to the fact that the foot is compressed along the tarsal tunnel region causing pain into the plantar foot. The patient was noted to have swelling in the foot. The request was for physical therapy to decrease swelling and pressure of the nerve. The patient's diagnosis was noted to include right foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 Right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy

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

Decision rationale: The CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 10 visits previously for pain. Additionally, it was noted the patient was participating in a home exercise program without benefit. There was a lack of documentation indicating the necessity for physical therapy 3 x 4 for the right foot. Additionally, the patient should be well versed in a home exercise program. Given the above, the request for physical therapy 3 x 4 right foot is not medically necessary.