

<b>Case Number:</b>	CM13-0021596		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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. 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:

This is a 60 year-old female with a 10/1/12 industrial injury claim. According to the 8/20/13, Podiatry report from [REDACTED] the patient was diagnosed with: Morton's neuroma of the left foot, Metatarsalgia and Foot pain. The plan was for PT to both feet, but the duration and frequency for PT was not disclosed. The IMR application shows a dispute with the 8/26/13 UR decision. The 8/26/13 UR decision is shown on the 8/28/13 letter from [REDACTED]. It was based on the 8/20/13 report from [REDACTED] and recommends non certification for: Additional PT 2x4 for the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 98-99.

**Decision rationale:** The MTUS guidelines, recommends 8-10 PT visits for various myalgias and neuralgias. The UR records suggest the patient may have had 18 sessions of PT for the left foot. The records provided for this IMR show 8 sessions of PT between 8/8/13 and 9/24/13. The

request for additional PT was around the 8/20/13 timeframe. The request for additional PT x 8, with the prior PT visits will exceed the MTUS recommendations. The request is not in accordance with MTUS guidelines.