

Case Number:	CM13-0024457		
Date Assigned:	12/11/2013	Date of Injury:	04/26/2011
Decision Date:	02/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 anesthesiology and pain medicine and is licensed to practice in Florida. 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 24-year-old male who reported an injury on 04/26/2011, the specific mechanism of injury was not stated. The patient is status post a modified Austin bunionectomy/interspace neuroma excision/FHB repair. The clinical notes document the patient has utilized a functional restoration program, and 10+ sessions of physical therapy postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 3x3 for the Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient has exhausted postoperative measures for functional return status post surgical interventions to the right foot performed in 02/2013. The patient has completed 10+ sessions of a functional restoration program as well as physical therapy interventions with moderate functional benefits noted. However, the patient continues to present with right ankle/foot pain complaints. California MTUS indicates to allow for fading of

treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. At this point in the patient's treatment, an independent home exercise program would be indicated for any remaining functional deficits about the right ankle/foot. Given the above, the request for physical therapy 3 times a week for 3 weeks for the right foot is not medically necessary or appropriate.