

Case Number:	CM13-0026353		
Date Assigned:	11/22/2013	Date of Injury:	10/02/2012
Decision Date:	03/25/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 has a subspecialty in Pain Management 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 female patient with a date of injury October 2, 2012. A utilization review determination dated September 3, 2013 recommends non-certification of 28 physical therapy sessions for the right foot/ankle. A progress report dated October 30, 2013 identifies subjective complaints stating, "the patient has received authorization for the additional 6 therapy sessions. She will begin the therapy once scheduled. She has been consulting with [REDACTED] for the right foot. The swelling has decreased and the movement is improved. She notes better weight-bearing ability; however, there is a continued burning sensation." Objective examination findings identify, "examination of the bilateral foot reveals healed laceration on the dorsum of the right foot." Diagnoses include laceration injuries to the dorsum of bilateral foot and bilateral ankle sprain. Treatment plan recommends psychiatric consultation and "scheduling of the authorized 2nd set of 6 physiotherapy sessions."

IMR ISSUES, DECISIONS AND RATIONALES

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

1. 28 physical therapy sessions for right foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: The 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. The Official Disability Guidelines (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 no indication of any specific ongoing objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the currently requested 28 visits far exceed the number recommended by guidelines for this diagnosis. Finally, the patient has already been authorized for 6 additional therapy sessions. The request for 28 physical therapy sessions for the right foot/ankle is not medically necessary and appropriate.