

Case Number:	CM13-0040536		
Date Assigned:	12/20/2013	Date of Injury:	03/30/2011
Decision Date:	06/02/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, 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 expert 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 injured worker is a 53-year-old male who reported an injury on 03/30/2011. The mechanism of injury was not stated. The current diagnosis is pain and stiffness after lateral sesamoid removal by a plantar approach. The injured worker was evaluated on 09/03/2013. The injured worker reported persistent pain and stiffness. Physical examination revealed a well-healed plantar incision, moderate swelling, tenderness to palpation, limited range of motion, and intact sensation. X-rays obtained in the office on that date indicated arthritic changes in the first MTP joint. Treatment recommendations included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow

for a fading of treatment frequency plus active self-directed home physical medicine. The injured worker has participated in a previous course of physical therapy. However, there is no documentation of the previous course, with evidence of objective functional improvement. Despite ongoing therapy, the injured worker continues to demonstrate moderate swelling with tenderness to palpation and limited range of motion. Based on the clinical information received, the request for Physical therapy two (2) times a week for four (4) weeks for the right foot is not medically necessary and appropriate.