

Case Number:	CM13-0045456		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2013
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 37 year-old female LVN/GI Tech sustained an ankle/foot injury on June 3, 2013 when a gurney ran over her right foot while employed by the [REDACTED]. Treatment request under consideration include additional physical therapy for the right foot/ankle, three (3) times a week for three (3) weeks. Diagnoses include foot pain and foot contusion. An x-ray of her right foot on August 5, 2013 was unremarkable; MRI of her right ankle on July 29, 2013 showed no definite tendon or ligament tear; mild fascial thickening in the plantar fat pad; peroneal tendon with very mild tendinosis. A report dated September 30, 2012 from [REDACTED] noted that the patient has diagnoses of foot pain and contusion with 12 prior physical therapy sessions, now with request for additional nine visits. The report dated December 16, 2013 from [REDACTED] noted that the patient had complaints of pain with associated numbness/tingling and swelling; no spasm and hypersensitivity, but no new trauma and has not resumed physical therapy yet. Medication included Norco. Exam of the right foot/ankle showed skin intact; edema; no echymosis; limited active range of motion; diffuse tenderness; intact pulses; light touch grossly intact to sensation; negative Thompson and Homan's. Diagnoses include complex regional pain syndrome, right foot pain and right foot contusion. The patient has gone to [REDACTED] physical therapy for 12 visits for the right foot with short-lived relief with approval for an additional nine physical therapy sessions. The request for additional therapy above was non-certified on October 17, 2013 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

nine (9) additional physical therapy sessions for the right foot/ankle, three (3) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous physical therapy including milestones of increased range of motion, strength, and functional capacity. [REDACTED] dated medical report of September 30, 2013 has no documentation of a new acute injury or a flare-up from the original injury to support additional physical therapy, as the patient should continue in her previously instructed independent home exercise program. The additional physical therapy for the right foot/ankle, three (3) times a week for three (3) weeks is not medically necessary and appropriate.