

Case Number:	CM13-0046492		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2009
Decision Date:	05/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & 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 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:

This is a 45 year old male patient s/p injury 3/18/09. A 10/22/13 progress report states that the patient has ongoing pain in the left foot with pain in the third intermetatarsal space. MRI reads soft tissue edema in the dorsal aspect of the third digit. This may be related to soft tissue injury. There is also evidence of extensor digitorum tenosynovitis. Diagnostic impression is clinical neuroma and extensor digitorum tenosynovitis per MRI. Request is for physical therapy with ultrasound, deep tissue massage and electrical stimulation. The patient has had an unknown number of sessions of previous physical therapy. A 11/11/13 note states that he is awaiting authorization for a knee procedure. A 11/5/13 note indicates that there is left foot pain with squeezing mets 3-4 and with DP pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE (9) SESSIONS OF PHYSICAL THERAPY FOR THE LEFT FOOT: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Guidelines state that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has participated in previous physical therapy. However, the records do not describe objective measured benefits such as pain relief and parameters of functional gains to substantiate further therapy. There is no clear description of functional deficits. There is no clear discussion of how many sessions were completed to date. The request is not medically necessary.