

Case Number:	CM13-0047000		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2012
Decision Date:	07/23/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 23 year old male with an injury date of 03/15/12. Based on the 09/16/13 progress report provided by [REDACTED], the patient complains of left ankle/foot pain. He also had surgery on his left foot (no date indicated on utilization review letter or on any report). There was no list of diagnoses provided. [REDACTED] is requesting for physical therapy for the left foot (3 times per week for 6 weeks). The utilization review determination being challenged is dated 10/03/13. [REDACTED] is the requesting provider, and he provided three treatment reports from 09/16/13, 01/14/14, and 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT FOOT (3 TIMES PER WEEK FOR 6 WEEKS):
Upheld

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

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

Decision rationale: According to the 09/16/13 report, the patient complains of left ankle/foot pain. The request is for physical therapy for the left foot (3 times per week for 6 weeks). The California MTUS guidelines pages states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the provider has asked for 18 total sessions of therapy for the patient's left foot. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 18 sessions exceeds what is allowed per the California MTUS Guidelines. Therefore, this request is not medically necessary.