

Case Number:	CM13-0059325		
Date Assigned:	06/09/2014	Date of Injury:	03/06/2013
Decision Date:	07/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 67 year old with an injury date on 3/6/13. Based on the 10/21/13 progress report provided by [REDACTED] the patient's diagnoses are a crush injury, fracture and an infection of the first right toe. An exam on 10/21/13 showed tenderness and swelling, over the right first toe and metatarsal. There is mild tenderness to palpation over the plantar fascia. Neurovascular is intact. Right ankle/metatarsal phalangeal joint range of motion: flexion is 15 degrees, extension is 20 degrees. [REDACTED] is requesting 12 physical therapy sessions. The utilization review determination being challenged is dated 11/26/13. [REDACTED] is the requesting provider, and he provided treatment reports from 4/29/13 to 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY (RIGHT FOOT) 3 TIMES PER WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: This patient presents with pain, swelling, and tenderness in the right toe. The physician has asked for 12 physical therapy sessions on 10/21/13 to increase flexibility, range of motion, and strength. A review of the report shows the patient had 6 physical therapy sessions between May 2013 and August 2013, but the level of improvement was not included in provided documentation. An 8/5/13 report shows the patient is unable to wear a shoe due to swelling. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. This patient has not had surgical correction of the fracture and post-operative guidelines do not apply. The patient still suffers from swelling and restricted range of motion, but it is unclear in provided documentation if prior 6 physical therapy sessions were of any benefit. Without evidence of functional improvement, another 12 sessions exceeds what MTUS allows for this type of condition. Therefore the request is not medically necessary.