

Case Number:	CM13-0068793		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2012
Decision Date:	07/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 ABFP 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 44-year-old male claimant sustained a work injury on 8/15/12 involving the left foot. He had 2nd and 3rd metatarsal fractures. He wore a short leg cast for 6 weeks. He underwent 6 sessions of physical therapy (PT) in February 2013 and was given home exercises to improve his function. He used oral and topical analgesics for chronic pain. The claimant presented with persistent pain in October 2013 and was noted to have pain in the ankle and left foot along with an antalgic gait. The treating physician ordered 1 session of PT for ultrasound treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PHYSICAL THERAPY VISIT FOR THE LEFT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Ultrasound, therapeutic Page(s): 98-99 and 123.

Decision rationale: Based on the claimant's prior completion of therapy and the lack of evidence (per guidelines) to support therapeutic ultrasound treatment, the request for one additional physical therapy session is not medically necessary.