

Case Number:	CM14-0007803		
Date Assigned:	02/07/2014	Date of Injury:	05/20/2012
Decision Date:	07/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine 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 55-year-old female with a 5/20/12 date of injury to her right foot after running on a trail when her right foot rolled and she heard a crack. She has a diagnosis of a repair of a nonunion first metatarsal with osteotomy of the first metatarsophalangeal joint of the right foot done on 6/28/13. A progress report dated 12/18/13 noted the patient's right foot pain has increased since she finished her physical therapy. Exam findings revealed that great toe dorsiflexion worsened tenderness of the right foot. The patient was seen on 1/23/14 where it was noted the patient was approved for hardware removal on the right foot, otherwise her symptoms remained the same. Exam findings revealed tenderness over the medial aspect of the first metatarsal of the right foot aggravated by recruitment of the abductor hallucis muscle. The left ankle was also noted to be tender along the medial aspect as well as the midfoot. Treatment to date: medications, surgery, physical therapy x 18 sessions, orthotics, cast boot, cortisone injection to the right dorsal cutaneous nerve, bone growth stimulator. A UR decision dated 1/6/14 modified the request for additional physical therapy for 18 sessions to 3 sessions in order for the patient to transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3 X 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient is noted to have had a fracture of the right metatarsal with non-union and a repair performed on 6/28/13. MTUS post-surgical treatment guidelines recommend 21 visits over 6 weeks. The patient has already had 18 post-surgical physical therapy visits. The UR decision was to modify the request of 18 sessions to 3 sessions for a total of 21 sessions. An additional 18 sessions would exceed the treatment guidelines. An additional 3 sessions were authorized to allow for the patient to transition to an independent home exercise program, which is reasonable. In addition, an additional 18 sessions may not result in frequent assessment of ongoing benefit and progress in meeting the treatment goals by the patient's physician. Therefore, the request for an additional 18 sessions of physical therapy was not medically necessary.