

Case Number:	CM14-0007809		
Date Assigned:	02/07/2014	Date of Injury:	04/12/2010
Decision Date:	07/07/2014	UR Denial Date:	12/13/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 74-year-old male with an injury reported on 04/12/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/11/2013, reported the injured worker complained of chronic right foot pain. The physical examination revealed the injured worker's lower extremity sensory evaluation was within normal limits. The range of motion to bilateral ankles demonstrated dorsiflexion to 10 degrees and plantarflexion to 45 degrees. The injured worker's prescribed medication list was not provided within the clinical note. MRI dated 10/28/2010, revealed right foot with healed fracture of the 1st metatarsal shaft and bone marrow edema in the 2nd metatarsal and findings of osteoarthritis at the 1st metatarsal joint. The injured worker's diagnoses included right ankle plantar aponeurosis; and left knee status post partial medial meniscectomy with osteoarthritis at the medial aspect of the tibiofemoral joint. It was noted the injured worker had completed physical therapy for the right foot and verbalized the therapy offered significant help. The provider requested physical therapy to the right foot to keep the injured worker 'working'. The Request for Authorization was submitted on 01/14/2014. The injured worker's prior treatments included physical therapy to the right foot, the amount of sessions was not provided in the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, RIGHT FOOT, ONCE A WEEK FOR FOUR WEEKS, FOUR VISITS.: 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.

Decision rationale: The request for physical therapy right foot, once a week for 4 weeks, 4 visits is non-certified. The injured worker complained of chronic right foot pain. The treating physician's rationale for physical therapy to the right foot was verbalized as keeping the injured worker 'working'. The CA MTUS guidelines recognize 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 instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There is a lack of documentation indicating the injured worker has significant functional deficits. It is noted the injured worker had previous sessions of physical therapy; however, there is a lack of clinical information provided indicating the amount of sessions and if the injured worker had any documented functional improvement. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. Therefore, the request for four (4) physical therapy visits for right foot is not medically necessary and appropriate.