

Case Number:	CM14-0008620		
Date Assigned:	02/12/2014	Date of Injury:	07/26/2013
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 54 year old male with an injury date of 01/07/14. The patient complains of frequent pain in his right foot and toe. The pain increases any kind of weight-bearing or prolonged walking or standing. He has an antalgic gait pattern with a limp in the right leg. The patient's diagnoses include the following: 1. Crushing trauma right foot with punctured wound laceration MTP 2. Osteoarthritis, first MP 3. IP arthritis, big toe right foot 4. Plantar fasciitis right foot 5. Right foot/ankle strain/sprain rule out tarsal tunnel syndrome. Physical exam reveals tightness and spasm paraspinal musculature. There is hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature noted at L5, and S2 dermatome level, bilaterally. There is weakness in the big toe dorsiflexors and big toe plantar flexor noted, bilaterally. [REDACTED] is requesting for physical therapy 3 x week x 6 weeks right foot. The utilization review determination being challenged is dated 01/07/14. The rationale is that the 18 physical therapy session exceeds the 6 sessions that are allowed for plantar fasciitis. [REDACTED] is the requesting provider and he provided one treatment report from 12/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWEEK X 6 WEEKS RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 12/19/13), Physical therapy (PT), ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to the 12/20/13 report by [REDACTED], the patient presents with frequent pain in his right foot and toe. The patient also has an antalgic gait pattern with a limp in the right leg. The request is for physical therapy 3 x week x 6 weeks for the right foot. There is no indication that the patient previously had any physical therapy. MTUS guidelines pages 98, 99 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 treating physician has asked for 18 total sessions of therapy for the patient's right foot. Given the lack of recent therapy treatments, a short course of treatment may be reasonable if the patient has a flare-up, has a new injury or the injury is aggravated. However, such documentations are not provided and the request of 18 sessions exceeds what is allowed per MTUS. Recommendation is for denial. The request is not medically necessary and appropriate.