

Case Number:	CM14-0107719		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2012
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 67 year-old female was reportedly injured on 2/3/2012. The mechanism of injury is listed as cumulative trauma injury. The most recent progress note dated 5/22/2014, indicates that there are ongoing complaints of left ankle and foot pain. The physical examination of the left foot and ankle demonstrated hammer toe and bunion deformities; ankle swelling and diffuse tenderness; decrease range of motion with moderate tenderness reproduced with ankle range of motion; negative Anterior Drawer; Talar Tilt; Thompson stability testing; positive Morton and Ankle Ligament Instability tests. MRI of the left foot dated 8/12/2013 demonstrated medial bunion deformity; osteoarthritis at the 1st metatarsophalangeal (MTP) joint and metatarsal-sesamoid articulations; and marrow edema in the cuboid bone. MRI of the left ankle dated 8/12/2013 demonstrated peroneus longus partial tendon tear with marrow edema in the distal fibular shaft; prominent os tibiale externum with degenerative changes; and ankle joint effusion. Previous treatment includes physical therapy and medications to include Tramadol, Cyclobenzaprine, Naproxen, Synovacin and topical analgesics. A request was made for twelve sessions of physical therapy for the left foot and was not certified in the utilization review on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left foot # 12: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy for the management of chronic pain and recommend a maximum of ten visits over eight weeks for myalgia and myositis, unspecified. The injured worker complains of chronic left foot and ankle pain. A review of the available medical records fails to document how many physical therapy sessions were attended and/or improvement in pain or function with previous therapy. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.