

Case Number:	CM14-0011877		
Date Assigned:	02/21/2014	Date of Injury:	01/29/2013
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 45-year-old with an injury date on 1/29/13. Based on the 11/4/13 progress report provided by [REDACTED] the diagnoses are 1. Status post crush injury with tenosynovitis to the right foot, 2. Status post left foot/ankle sprain associated with crush injury. Exam on 10/7/13 showed "right foot has tenderness on dorsal mid-foot region. Left ankle is 1+ local tenderness. No edema done on either ankle." [REDACTED] is requesting physical therapy for the bilateral feet and ankle 1 time per week for 6 weeks. The utilization review determination being challenged is dated 1/3/14 and cites extensive treatment, unremarkable exam findings, and 0% insulin resistance (IR). [REDACTED] is the requesting provider, and he provided treatment reports from 2/11/13 to 11/4/13. This patient presents with persistent pain on top and bottom of right foot, increased by walking. The treater has asked physical therapy for the bilateral feet and ankle 1 time per week for 6 weeks on but RFA is not included in provided reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL FEET AND ANKLE, ONE TIME A WEEK FOR SIX WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Review of the report shows patient had three physical therapy sessions on 2/20/13, 2/21/13, and 2/26/13. On 2/26/13, patient still cannot walk, activities of daily life are difficult, and swelling prevents patient from wearing shoes. On 3/19/13, patient has been attempting home range of motion exercises. On 10/7/13, patient is using TENS unit for ongoing pain. MTUS guidelines state 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 treater has asked for 6 sessions of therapy for persisting radicular symptoms in ankle/foot, which is within MTUS guidelines. It has also been more than 6 months since last 3 sessions of therapy. Recommendation is for medical necessity.