

Case Number:	CM14-0016179		
Date Assigned:	06/04/2014	Date of Injury:	01/26/2004
Decision Date:	08/08/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/05/2014

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 37-year-old female was reportedly injured on January 26, 2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 22 June 2012, indicated that there were ongoing complaints of left foot pain. The physical examination demonstrated tenderness along the course of the posterior tibial tendon. There were complaints of pain with heel/toe walking as well as pain with inversion and eversion. A scar from prior surgery along the medial superior side of the mid foot was nontender. Continued physical therapy was recommended. Diagnostic imaging studies noted calcification of the posterior tibial tendon and surgical changes of the navicular. Current treatment included the use of orthopedic supports and physical therapy. A request had been made for 19 prior physical therapy visits and was not certified in the pre-authorization process on January 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 19 PHYSICAL THERAPY VISITS, DATE OF SERVICE BETWEEN 1/3/13 AND 6/21/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: A review of the attached medical record indicates that the injured employee has participated in extensive physical therapy for the left foot in addition to the 19 visits mentioned in this request. At this point, she should be well-versed on what therapy is required for her foot and ankle and should be able to continue this on her own at home with a home exercise program. This retrospective request for 19 physical therapy visits is not medically necessary.