

Case Number:	CM14-0120337		
Date Assigned:	08/06/2014	Date of Injury:	10/08/2013
Decision Date:	10/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 37-year-old male who has submitted a claim for left foot fracture with persistent pain, peroneus brevis tendonitis left, peroneus tertius tendonitis left, and forefoot valgus associated with an industrial injury date of October 8, 2013. Medical records from 2014 were reviewed. The patient complained of left foot pain, rated 3/10 in severity. It was aggravated by increased activity and prolonged walking. Physical examination showed peroneus tertius and brevis tendons redness, heat, and swelling with tenderness. The peroneus brevis was reducing in redness, heat and swelling. CT scan of the left foot dated January 24, 2014 revealed interval healing of previously prescribed fracture at the base of the fifth metatarsal with minimal residual deformity. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left foot steroid injection. Utilization review, dated July 18, 2014, denied the request for additional PT 3x3 with iontophoresis and phonophoresis because the patient has already exceeded the clinical guidelines for the number of physical therapy sessions and the guidelines do not support requests for iontophoresis/phonophoresis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x3 With Iontophoresis and Phonophoresis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle and Foot Section, Physical Therapy

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the Official Disability Guidelines recommend 12 visits over 12 weeks for fracture of ankle, and 9 visits for 8 weeks for enthesopathy of ankle. In this case, the patient previously underwent 11 physical therapy sessions for the left foot. There was documentation of the previous physical therapy visits with description regarding objective benefits derived from these sessions and a treatment plan with defined functional gains and goals. However, rationale for additional sessions of physical therapy was not provided. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. Patient is also expected to be well-versed in a self-directed home exercise program by now. Furthermore, the present request would exceed the number of physical therapy visits as recommended by the guidelines. Moreover, the present request failed to specify the body part to be treated. Therefore, the request for Additional Physical Therapy 3x3 With Iontophoresis and Phonophoresis is not medically necessary.