

Case Number:	CM14-0125374		
Date Assigned:	08/11/2014	Date of Injury:	03/19/2007
Decision Date:	09/18/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Illinois. 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 injured worker is a 58-year-old with a reported date of injury on March 19, 2007. The mechanism of injury was reportedly caused by a slip and fall. Previous electrodiagnostic testing dated September 16, 2013 was revealed to be negative. The patient is status post left foot excision of Morton's neuroma in September of 2013. The injured worker presented with range of motion in the lower extremities was noted to be within normal limits, and strength rated at 5/5. In addition, the injured worker's sensation was noted to be intact. The injured worker's diagnosis included major depression, personality disorder, and bilateral foot pain. The medication regimen was not provided within the documentation available for review. The rationale for the request was not provided within the documentation. The Request for Authorization of physical therapy times two sessions was submitted on August 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Sprain(<http://www.odg-twc.com/odgtwc/ankle.html#protocol>).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Guidelines recommend eight to ten visits over a four week period. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS (visual analog scale) pain scale. There is a lack of documentation related to previous physical therapy. In addition, the request as submitted failed to provide for a specific area in which the physical therapy was to be utilized. Therefore, the request for two sessions of physical therapy is not medically necessary or appropriate.