

Case Number:	CM14-0137578		
Date Assigned:	09/05/2014	Date of Injury:	06/13/2013
Decision Date:	10/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of June 13, 2013. A utilization review determination dated July 28, 2014 recommends non-certification of physical therapy 3x4 for the left foot. A progress note dated July 3, 2014 identifies subjective complaints of continued left foot pain and swelling, patient states that he is "coming along", the patient is attending therapy and is helping, and the patient's pain is rated as a 3 on a 10 scale. Physical examination identifies tenderness of the lumbar spine, positive straight leg raising, and tenderness on the left foot. Diagnoses include lumbar intervertebral disc displacement without myelopathy, cervical intervertebral disc displacement without myelopathy, and calcaneal spur. The treatment plan recommends physical therapy for the left foot to continue to increase strength, range of motion, and for a proper home exercise program, a request for authorization for a consult with a spine specialist for the lumbar spine, medication refill for hydrocodone/APAP 10/325 #60, medication refill for Cyclobenzarine 7.5mg #60, medication refill for Voltaren 100mg #60, and a medication refill for Protonix 20mg #60. Daily notes from physical therapy for the left foot reveal that the patient completed 12 sessions from February 25, 2014 through April 8, 2014, completed 12 sessions from April 29, 2014 through June 5, 2014, and completed 12 sessions from June 12, 2014 through July 16, 2014. An operative report dated February 11, 2014 identifies that the patient had excision of a left calcaneal spur, release of plantar fascia of left calcaneus, and intra-articular injection of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 3 x 4 on the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy

Decision rationale: Regarding the request for continued physical therapy 3x4 for the left foot, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for continued physical therapy 3x4 for the left foot is not medically necessary.