

Case Number:	CM14-0137709		
Date Assigned:	09/05/2014	Date of Injury:	04/28/2011
Decision Date:	09/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational Medicine 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:

There were 149 pages provided for review. The application for independent medical review was for physical therapy 1 to 2 times a week for four weeks for the right foot. Per the records provided, the diagnosis was a right foot bunion and metatarsalgia. The patient was described as a 58-year-old man who was injured April 28, 2011. There was a July 8, 2014 physical therapy order for the right foot. There was however no recent physician report or clinical assessment. Treatment to date has included first metatarsal phalangeal spacers and physical therapy, shoes, modified duty, medications, nonsteroidal anti-inflammatories and foot orthotics. The patient was last seen on February 27, 2014. The patient was not seen on July 8, 2014 when the physical therapy order was written. There was no information as to why the re-order was written. There is no current clinical information regarding the status of the patient's right foot, and there is no baseline delineating this patient's functional status as it relates to the right foot. There was a report from May 15, 2014 which discussed the spine but did not mention any problems with the right foot or toes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Further, there is no current clinical examination to say that continued physical therapy is truly noted; the order appears to have been written without current patient examination.