

Case Number:	CM14-0147029		
Date Assigned:	09/15/2014	Date of Injury:	08/21/2007
Decision Date:	12/26/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 57 year-old patient sustained an injury on 8/21/07 from a trip and fall while moving a wheelbarrow during employment with [REDACTED]. Request(s) under consideration include physical therapy (PT) two times six for the right foot and physical therapy two times six for the Left Foot. Diagnoses include tibialis tendinitis; achilles tendonitis/bursitis; neuralgia neuritis/ radiculitis unspecified; peroneal nerve irritation; bilateral hip pain; right CTS; and radicular symptoms in right upper and lower extremity post-laminectomy. Conservative care has included medications, therapy, transforaminal epidural steroid injection, durable medical equipment (DME) heel lifts and Cam walker boot, and modified activities/rest. Report of 8/5/14 from the provider noted the patient with chronic right achilles tendinitis improving in boot and heel lifts; mid foot arthritis and symptomatic posterior tibialis tendon dysfunction improved with orthotics. Exam of right foot showed irritation bilaterally along mid foot and second/ third tarsometatarsal joints; pain at right achilles tendon; bilateral flat feet deformity with hind foot valgus; neurovascularly unchanged. Treatment included continuing with boot, medications, and PT. The request(s) for physical therapy two times six for the right foot and physical therapy two times six for the Left Foot were modified for 6 visits on 8/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the Right Foot: Upheld

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

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

Decision rationale: The request(s) for physical therapy two times six for the right foot and physical therapy two times six for the left foot were modified for 6 visits on 8/21/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic 2007 injury. The physical therapy two times six for the right foot is not medically necessary and appropriate.

Physical Therapy 2x6 for the Left Foot: Upheld

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

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

Decision rationale: Report of 8/5/14 from the provider noted the patient with chronic right Achilles tendinitis improving in boot and heel lifts; mid foot arthritis and symptomatic posterior tibialis tendon dysfunction improved with orthotics. Exam of right foot showed irritation bilaterally along mid foot and second/ third tarsometatarsal joints; pain at right Achilles tendon; bilateral flat feet deformity with hind foot valgus; neurovascularly unchanged. Treatment included continuing with boot, medications, and physical therapy (PT). The request(s) for Physical Therapy two times six for the right foot and physical therapy two times six for the left foot were modified for 6 visits on 8/21/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in

neurological compromise or red-flag findings to support further treatment. The physical therapy two times six for the left foot is not medically necessary and appropriate.