

Case Number:	CM14-0180037		
Date Assigned:	11/04/2014	Date of Injury:	03/13/2014
Decision Date:	12/10/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/13/14 when a coworker was sitting on a chair and the chair rolled over her right foot. She sustained a fifth metatarsal fracture. Treatments included a cast and walking boot. She returned to modified work on 07/07/14 but stopped working after three days. The claimant was evaluated for physical therapy on 07/10/14. She had discontinued use of a walking boot the week before. She had right foot pain rated at 4-9/10. Physical examination findings included an antalgic gait and diffuse right foot edema. There was decreased and painful range of motion with decreased strength. A course of therapy was planned. Recommendations included use of crutches outdoors and a cane in her home. As of 09/26/14 she had completed eight treatment sessions. She had been provided with a home exercise program. Therapeutic content had included exercise and manual therapy. Recommendations included shoe inserts and ankle brace. She was seen by the requesting provider on 10/13/14. Physical examination findings included right greater trochanteric tenderness. The impression references a healed fracture of the foot. There was consideration of a trochanteric bursa injection. She was released to unrestricted work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right foot, QTY: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 6 months status post work-related injury with a right fifth metatarsal fracture treated nonoperatively which has healed. There has already had physical therapy including instruction in a home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy including instruction in a home exercise program. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program.