

Case Number:	CM14-0180311		
Date Assigned:	11/04/2014	Date of Injury:	04/06/2013
Decision Date:	12/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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:

Patient is a 38 year-old male with date of injury 04/06/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/20/2013, lists subjective complaints as pain in the bilateral feet and ankles. Objective findings: Examination of the bilateral feet and ankles revealed tenderness of the plantar aspect of the feet, left greater than right. There was pain with forced dorsiflexion of the feet. Diagnosis: 1. cervical discopathy with radiculitis 2. Thoracic myalgia 3. Lumbar discopathy with radiculitis 4. Bilateral hip bursitis 5. Bilateral knee internal derangement 6. Bilateral shoulder internal derangement 7. Bilateral lateral epicondylitis 8. Bilateral wrist sprain 9. Bilateral ankle and feet sprain with plantar fasciitis. It was noted by the provider that the patient has completed prior physical therapy, but the number of sessions was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6 for 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 Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Additional physical therapy 2 x 6 for the left foot is not medically necessary.