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| Case Number: | CM14-0023157 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 02/08/2011 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 01/22/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 44 year old male with an injury date of 02/08/11. Based on the 12/02/13 progress report provided by [REDACTED] the patient is post open reduction of the first metatarsal phalangeal joint with flexor hallucis longus transfer to the proximal phalanx, EHL lengthening and extensor substitution, etc, along with hardware removal (12/15/13). The 01/06/14 report by [REDACTED] states that the patient is diagnosed with status post hallux malleus correction of the left foot. [REDACTED] is requesting for aqua therapy 3 x week for 6 weeks for the left foot. The utilization review determination being challenged is dated 01/22/14. The rationale is that MTUS recommends 9 visits of physical therapy in the postsurgical treatment for this type of injury and that an initial trial of half the number of visits are applied to establish efficacy. [REDACTED] is the requesting provider, and he provided treatment reports from 09/09/13- 01/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 3 X WEEK FOR 6 WEEKS FOR THE LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, & Physical Medicine Page(s): 22, 98-99.

Decision rationale: According to the 12/02/13 report by [REDACTED], the patient presents with a post open reduction of the first metatarsal phalangeal joint with flexor hallucis longus transfer to the proximal phalanx, EHL lengthening and extensor substitution, etc, along with hardware removal (12/15/13). The request is for aqua therapy 3 x week for 6 weeks for the left foot. MTUS page 22 supports aquatherapy where reduced weight bearing is desirable. For number of treatments, post-op hammer toe, hallux valgus treatments, MTUS recommends 9 sessions. This request for 18 sessions exceeds what MTUS recommends for this type of surgery. The request is not medically necessary and appropriate.