

Case Number:	CM14-0025623		
Date Assigned:	06/13/2014	Date of Injury:	01/02/2002
Decision Date:	07/28/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old female with a 1/2/02 date of injury, and left foot second and third interspaces Morton's neuroma excision 12/19/11. At the time (2/24/14) of request for authorization for 12 physical therapy (PT) visits, there is documentation of subjective (left foot and heel pain) and objective (tenderness to palpation over the tarsal tunnel medially, tarsal tunnel non tender, tenderness mostly with the second metatarsal head on the plantar aspect of her foot) findings, current diagnoses (metatarsalgia of the left foot, first, second and third metatarsal heads), and treatment to date (surgery). There is no documentation if this is a request for initial or additional PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Physical therapy.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG recommends a limited course of PT for patients with a diagnosis of tarsal tunnel syndrome not to exceed 10 visits over 5 weeks. The ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the PT) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of metatarsalgia of the left foot, first, second and third metatarsal heads. However, given documentation of a 1/2/02 date of injury, where there would have been an opportunity to have had previous PT, it is not clear if this is a request for initial or additional (where PT provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) PT. Therefore, based on guidelines and a review of the evidence, the request for 12 PT Visits is not medically necessary.