

Case Number:	CM14-0028871		
Date Assigned:	06/16/2014	Date of Injury:	05/14/2002
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery 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 injured worker is a 47 year old male who reported an injury on 05/14/2002 due to a fall. On 01/27/2014, he was noted to be post open reduction of the first metatarsal phalangeal joint with flexor hallucis longus transfer and extensor hallucis longus (EHL) lengthening performed on 10/10/2013. A physical examination of the left foot revealed range of motion as 45 degrees plantarflexion, slight flexion of about 10 degrees to the interphalangeal (IP) joint, and no motion to the subtalar. An unofficial x-ray of the left foot showed non-union of the talonavicular joint, consolidated subtalar arthrodesis, satisfactory position of ankle arthroplasty, and well-reduced first metatarsal phalangeal joint, left foot; the date of the x-ray was unspecified. His diagnoses were listed as non-union of talonavicular joint, consolidated subtalar arthrodesis, satisfactory position of ankle arthroplasty, and well-reduced first metatarsal phalangeal joint of the left foot. It was noted that the toe looks much better than it did previously. The injured worker was noted to have been through some physical therapy, but the specific number of sessions attended was not provide. Prior therapy included physical therapy and medications. The treatment plan was for physical therapy 2 times per week for 6 weeks for the left foot as outpatient. The request for authorization form was signed on 02/10/2014. The rationale of the treatment requested was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for the left foot as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15.

Decision rationale: The CA MTUS Post surgical guidelines state that post surgical treatment is recommended for 12 visits with a post surgical physical medicine treatment period of 6 months. The injured worker was noted to have attended some physical therapy; however, the number of sessions and information regarding efficacy of therapy was not provided. In addition, the injured worker did not have any significant functional deficits to warrant additional physical therapy. Furthermore, the request for additional sessions exceeds the guideline recommendations. The documentation provided is lacking the information needed regarding functional deficits and functional improvement with previous sessions to warrant the request. Given the above, the request is not medically necessary.