

Case Number:	CM14-0030555		
Date Assigned:	06/20/2014	Date of Injury:	06/09/2013
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 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:

This 51-year-old patient sustained an injury on 6/9/13 from being struck by a luggage cart while employed. Request under consideration include 8 physical therapy visits for the right leg, foot and ankle. The patient has history of right leg compartment syndrome release with post-operative physical therapy care following surgery. Chiropractic note in care of the provider dated 11/8/13 noted the patient report some slight discomfort and numbness since injury and surgery. Exam had palpable tenderness and full gait. Treatment included electromyogram/ nerve conduction study (EMG/NCS), thromboembolism-deterrent (TED) hose, and physical therapy whirlpool. Chiropractic note in care of the provider dated 12/20/13 noted the patient with chronic right leg and foot pain checked boxes with tightness and numbness at plantar foot; unable to walk more than 30 minutes from tightness and notices leg swollen. Checked boxes under objective findings include palpable tenderness of right foot and lower leg with full range of motion and limp favoring left leg. Treatment included ted hose, doppler to rule out deep vein thrombosis (DVT) and physical therapy whirlpool treatment. The patient remained off work. Report of 1/24/14 from the provider noted the patient with ongoing moderate right ankle and foot pain resulting in ambulating with right-sided limping gait. Exam showed tenderness with diffuse decreased sensation in medial and lateral aspect of right leg. The patient remained off work. The request for 8 physical therapy visits for the right leg, foot and ankle was non-certified on 2/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 8 visits, Rt leg, foot and ankle: Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting any specific neurological deficits, functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 8 physical therapy visits for the right leg, foot and ankle is not medically necessary and appropriate.