

Case Number:	CM14-0055899		
Date Assigned:	06/16/2014	Date of Injury:	01/08/2008
Decision Date:	08/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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, has a subspecialty in Pain 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:

This is a 29-year-old male who reportedly sustained an industrial injury on 01/08/08 when he lost control of a pallet jack and got caught between the wall and the pallet jack. He had a crushed foot that required wound closure and underwent acupuncture and physical therapy. He has had third and fourth metatarsal osteotomies. He also complained of low back pain due to limping on the right foot and calcaneal neuropathy. Utilization review performed on 02/25/14 uncertified a request for physical therapy to the right foot 2 times per week for 8 weeks, indicating the injured worker has had physical therapy and it was unclear if the previous therapy was helpful, as well as not documented how many visits he has had. Supplemental medical-legal report dated January 30, 2014 did not describe subjective complaints or include physical examination findings. It was recommended the patient undergo GI evaluation for positive H. pylori and upper endoscopy, evaluation with pain specialist and CRPS expert, polysomnogram study, post-surgical follow up, orthopedic evaluation, physical therapy for the right foot and right orthotic shoe, neurological follow up and transportation to and from appointments. Most recent progress note on 12/18/13 revealed subjective complaints of pain in the plantar, heel and dorsal aspect of the foot and occasional right foot swelling. Objective examination findings include severe scarring of the dorsal and lateral aspect of the foot with numbness associated with scarred areas and positive Tinel's, allodynia, hyperalgesia. Right foot was colder than the left. There was tenderness to palpation and right calf atrophy. Current medications included fluoxetine 40 mg, trazodone 150 mg, lorazepam 2 mg twice daily as needed, zolpidem 10 mg, and lansoprazole 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO RIGHT FOOT 2 TIMES A WEEK FOR 8 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The CA MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient has a longstanding injury from 2008 and has previously completed physical therapy, but there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. There is no description of performance of an aggressive home exercise program as would be expected at this chronic stage of treatment, and number of prior physical therapy sessions was not noted, nor was the response to prior treatment described. As such, the requested Physical Therapy to the right foot 2 times a week for 8 weeks is not medically necessary.