

Case Number:	CM14-0056417		
Date Assigned:	07/09/2014	Date of Injury:	05/28/2007
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 Occupational 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:

The claimant injured her right foot on 06/28/07. She is status post-surgery and 24 additional postop Physical Therapy sessions have been requested and are under review. She underwent surgery in October 2013 (exostectomy and decompression of the intermediate dorsal cutaneous nerve.) The claimant also has diagnoses of low back pain, shoulder pain, pelvic pain and chronic pain syndrome. She saw [REDACTED], a podiatrist, on 04/21/14 for follow up and she had continued symptoms in her foot and was ambulating with a cane. She had pain with prolonged ambulation. She had a well-healed incision and no signs of infection. There was no evidence of RSD (Reflex Sympathetic Dystrophy). On 07/24/14, she saw [REDACTED] and she had the same pain and it radiated to her right leg. She had difficulty sleeping and was taking Norco and Soma. There was tenderness and pain with range of motion. Acupuncture was recommended and Norco was continued. An Electrodiagnostic study on 04/23/14 revealed right superficial peroneal nerve axonopathy; the EMG (Electromyography) was normal. PT was ordered on 11/04/13. She attended physical therapy in January and February 2014. She saw [REDACTED] on 05/22/14 and had pain in the ankle/foot. She saw [REDACTED] on 06/10/14. MRI showed the right foot showed no change and the EMG report was pending. On 06/26/14, she still had the same pain. Acupuncture was ordered. On 07/08/14, there is a request for a pain management consultation with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Out-patient Additional Post Operative Physical therapy 3Times X Week X8 Weeks To Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

Decision rationale: The MTUS state physical medicine treatment may be indicated for some chronic conditions and 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 claimant has attended postop PT for what should have been a sufficient number of visits and there is no evidence that she received significant benefit from it. She has continued to require opioids for pain control and uses a cane and acupuncture has been recommended. Typically acupuncture is recommended following the completion of all other reasonable conservative treatment. There is no evidence that she remains unable to continue and complete her rehab with an independent HEP or that PT is likely now to provide significant or sustained benefit that she did not receive during her previous course of treatment. It is not clear how this treatment may be different from her prior treatment and the specific goals of these visits are unknown. There is no indication that continuation of supervised exercises is likely to provide her with significant or sustained benefit that she cannot achieve on her own. Therefore, the Out-patient Additional Post-Operative Physical therapy 3Times X Week X8 Weeks to Right Foot is not medically necessary.