

Case Number:	CM14-0084610		
Date Assigned:	07/21/2014	Date of Injury:	03/30/2011
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 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:

The injured worker is a 53-year-old male who reported an injury on 03/30/2011 caused by an unspecified mechanism. The injured worker's treatment history included x-rays, physical therapy, surgery, medications, and CT scan. The injured worker was evaluated on 10/03/2013, and it was documented that the injured worker had continued to have symptoms in this right forefoot. He had developed symptoms of an ingrown toenail on the medial aspect of the right hallux. Physical examination of the foot and ankle showed moderate cavus with incomplete weight bearing, there was mild to moderate hyper-pronation in the left foot. The alignment of right hallux was normal. There was moderate mallet of the right 2nd and 5th toes, not clinically significant. Pinprick sensation had moderate decreased sensation on the dorsomedial and dorsolateral aspects of the great toe, distal to the metatarsophalangeal joint. There was no sensory deficit on the dorsum of the 2nd toe and more lateral toes. Severe pain on forced extension of the right great toe and moderate pain on forced flexion of the right great toe. Moderate tenderness on the plantar lateral aspect of the first metatarsal head, equivocal to mild under the medial aspect of the first metatarsal head. No significant tenderness on the dorsum of the MP joint of the right great toe. Diagnoses included status post excision of lateral sesamoid, right foot and subacute ingrown toenail, right great toe, work related. The provider noted the injured worker had undergone prior physical therapy sessions; however, the outcomes were not submitted for this review. Request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. In addition, the request submitted failed to indicate frequency, duration and location where physical therapy treatment is required on the injured worker. Given the above, the request for physical therapy is not medically necessary.