

Case Number:	CM13-0066268		
Date Assigned:	01/08/2014	Date of Injury:	04/15/2011
Decision Date:	03/05/2015	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 has a history of a work injury occurring on 04/15/11. On 02/27/13 she had tripped and fallen the week before and was having right first toe pain. Physical therapy is referenced as providing some help. Medications included Aleve, and Lortab. Medications included Aleve and Lortab. Physical examination findings included full range of motion. There was tenderness and a mildly antalgic gait. There is reference to removal of right first metatarsal hardware. On 08/18/13 she had increased pain after traveling out of the country and not attending physical therapy. The note references exercising on a weekly basis. On 09/25/13 orthotics were recommended. There are physical therapy treatments from 09/20/13 through 10/11/13. On 10/23/13 she was continuing to exercise weekly. Physical therapy is referenced as helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR EIGHT WEEKS FOR THE RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 13-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: In terms of therapy treatments, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program and is already exercising weekly. Therefore an additional 24 sessions of physical therapy was not medically necessary.