

Case Number:	CM14-0152800		
Date Assigned:	09/22/2014	Date of Injury:	08/02/2011
Decision Date:	01/27/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Practice 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 patient is a 52 year-old male, who was injured on June 2, 2011, while performing regular work duties. The mechanism of injury is from a lid falling on the left foot. The records indicate the injured worker had foot surgery February 25, 2014. A post-operative follow-up visit on March 6, 2014 indicates the injured worker reporting he has no pain. An evaluation on March 27, 2014 indicates the injured worker was being treated for development of cellulitis of the foot. A progress note on April 14, 2014, indicates the injured worker has "persistent but declining pain" of the left foot, with physical findings of non-tender, non-erythematous. The Utilization Review indicates the injured worker completed thirty (30) physical therapy sessions in 2011. The records indicate the injured worker completed eleven physical therapy sessions from June 13, 2014 through July 29, 2014. The request for authorization is for physical therapy three (3) times weekly for four (4) weeks for the left foot. The primary diagnosis is fracture of foot bone. On August 13, 2014, Utilization Review provided a modified certification of ten (10) physical therapy sessions over four (4) weeks for the left foot, based on MTUS, guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT), 10 Sessions Over The Next 4 Weeks for The Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines state that physical therapy is "recommended as indicated below." Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The MTUS/Physical Medicine Guidelines also comment on the number of recommended sessions. Specifically, they state: Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the initial request exceeded the MTUS/Physical Medicine Guidelines for the number of approved sessions. In the Utilization Review process, the request was modified to allow for 10 treatment sessions, which as stated, meets the MTUS recommendations. Further, the request did not allow for a fading of treatment frequency with the addition of an active self-directed home exercise program. Therefore, for these reasons the request for 3 sessions per week of physical therapy for the left foot for 4 weeks is not considered as medically necessary.