

Case Number:	CM14-0196696		
Date Assigned:	12/04/2014	Date of Injury:	05/13/2014
Decision Date:	05/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 21-year-old male, who sustained an industrial injury on May 13, 2014. He reported right foot pain with standing and walking, and inability to walk fast. The injured worker was diagnosed as having a right foot crush injury with neurovascular dysfunction and chronic regional pain syndrome. Treatment to date has included crutches, cast shoe, work/activity modifications, physical therapy, home exercise program, ice, and pain, non-steroidal anti-inflammatory and anti-epilepsy medications. On September 30, 2014, the injured worker reports no change in his right foot pain. He requests additional therapy. The physical exam revealed an antalgic gait - trace, a mid foot plantar lesion, present tenderness and swelling Lis franc joint - trace, decreased range of motion, intact motors, normal sensation, no instability, and normal alignment. The treatment plan includes continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right foot 6-12 x 6-12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The injured worker is being treated for chronic regional pain syndrome secondary to a crush injury to the right foot. Following 12 documented physical therapy sessions, it is indicated the injured worker is making significant improvement. The injured worker has been returned to full duty. Request is made for continuation of physical therapy for scar tissue mobilization and improvement of mobility and function. For the diagnosis of reflex sympathetic dystrophy, MTUS guidelines recommend 24 visits over 16 weeks of physical therapy. The request for physical therapy to the right foot does not indicate frequency or duration. Physical therapist recommendation of 2 times a week for 2 weeks complies with MTUS guidelines. Request as written by the primary treating physician however, as written, is not medically necessary.