

Case Number:	CM14-0197283		
Date Assigned:	12/05/2014	Date of Injury:	10/05/2008
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 underlying date of injury in this case is 10/05/2008. The date of a utilization review under appeal is 11/19/2014. On 12/17/2014, the patient was seen in primary treating physician followup. The patient reported persistent right foot pain due to a fracture. The patient was trying not to be weightbearing and trying to utilize crutches and a boot. However, the patient was having difficulty driving due to pain and required transportation to an office visit. The patient felt that acupuncture had been helpful to reduce pain. Medications overall helped with his pain and function. On exam, motor strength was decreased with right leg extension and right hip flexion. The treatment plan included a request for 6 sessions of aquatic therapy with emphasis on increasing range of motion of the lumbar spine as well as gait training and strengthening of the lumbar spine noted to make progress in this way and avoid the need for invasive procedures. Previously on 11/04/2014, the patient was seen in followup with ongoing pain especially with a fibular sesamoid of his right foot felt to be related to a chronic peroneal spasm. Radiographically, there was evidence of a possible fracture through the sesamoid. The patient presented using a boot. The treating physician recommended the patient might benefit from additional physical therapy and requested 6 visits of therapy for the patient to complete. He recommended the patient complete a period of mobilization, although the patient presented at that time without his boot. An initial physician review noted that the claimant used a crutch to off weight the affected the area, and the patient had difficulty moving during the course of the day. The treating physician noted there was little evidence of objective functional gains from completing physical therapy visits and that the medical necessity for further treatment was not evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 to the ankle: Overturned

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends to allow for fading of treatment frequency plus active, self-directed home physical medicine. The treatment guidelines thus anticipate that the patient would transition to an independent home rehabilitation program. In this case, however, the medical records indicate that the patient has been having difficulty with mobility, and thus the patient could not get transition to independent home rehabilitation. A prior physician review notes that the patient made limited progress in past physical therapy. However, in this situation, that does not mean that further physical therapy is not indicated. Rather, the medical records indicate that the treating physician discussed and reviewed the specific therapy goals and necessary equipment and methods with the patient. Given the patient's ongoing mobility deficits, the request for additional physical therapy is supported by the treatment guidelines. This request is medically necessary.