MAXIMUS Federal Services

Case Number:	CM15-0000818		
Date Assigned:	01/12/2015	Date of Injury:	04/02/2014
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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 58 year old male, who sustained an industrial injury on April 2, 2014, while pulling a tarp. The injured worker had reported feeling immediate pain in the left foot and ankle. The diagnoses have included healed third metatarsal fracture of the left foot, left ankle sprain injury, chronic myofascial pain syndrome, thoracolumbar spine, moderate to severe, and pain, numbness, and weakness of the bilateral lower extremities. Treatment to date has included a cam boot, activity modification, physical therapy, and medications. Currently, the IW complains of constant pain in the left ankle and foot, as well as frequent pain and numbness in the left leg, with frequent upper and lower back pain. The Secondary Primary Treating Physician's Neurological and Pain Management report dated September 18, 2014, noted multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The injured worker was noted to hardly be able to move the left foot and ankle due to pain, with marked tenderness upon palpation of the dorsum of the left foot. Romberg was noted to be positive, with the injured worker unable to perform tandem gait with the eyes open or closed, and could not perform dorsiflexion on the left due to pain. A September 18, 2014 EMG/NCV study of the bilateral lower extremities was noted to be normal.On December 3, 2014, Utilization Review non-certified a request for physical therapy (PT) two times a week for six weeks for the left foot, noting that the injured worker continued to have difficulty with the left foot and left ankle, with recommendation by the provider that the left ankle and foot problems should be deferred to the orthopedist, therefore the request was not medically necessary. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On

January 5, 2015, the injured worker submitted an application for IMR for review of physical therapy (PT) two times a week for six weeks for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The patient is a 58 year old male with an injury date of 04/02/24. Per the 09/18/14 report the patient presents with left ankle and foot pain with numbness and pain extending into the left leg s/p fracture of left foot and a diagnosis of sprain injury, left ankle. The current request is for PT 2 X 6 FOR THE LEFT FOOT. The RFA is not included. The 09/18/14 report states the patient is temporarily totally disabled for 4 weeks. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence in the reports provided that the patient is within a post-operative treatment period. The 07/01/14 report states that the patient is to initiate physical therapy for gait training. The 09/18/14 treatment plan mentions aquatic therapy 2 x 3. Physical therapy notes for treatment of the left foot for 9 sessions from 06/12/14 to 07/24/14 are provided. The 12/03/14 utilization review mentions 4 RFA's dated from 09/12/14 to 11/18/14; however, these are not provided for independent review. In this case it appears the patient has received at least 9 sessions of physical therapy for the left foot prior to this request. The treater does not discuss this request or explain why additional therapy is needed at this time. The 09/18/14 report states the patient is undergoing a home exercise program; however, the reports do not show why this is no longer adequate. Furthermore, the 12 sessions requested exceed what guidelines allow even when not combined with previous treatment sessions. The request IS NOT medically necessary.