

Case Number:	CM15-0136540		
Date Assigned:	07/24/2015	Date of Injury:	10/14/2014
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 injured worker is a 62-year-old female who sustained an industrial injury on 10/14/14. She had complaints of right foot, left hip and left arm pain. Diagnosed with right foot fracture. Progress report dated 6/11/15 reports completed physical therapy to the right ankle has helped improved range of motion, increase endurance and decrease the pain. She uses a cane for prolonged walking. Diagnoses include: right foot stiffness, deconditioning, and right foot fifth metatarsal base fracture. Plan of care includes: request additional physical therapy to the right ankle/foot twice per week for six weeks, continue medications and continue using the cane. Work status is retired. Follow up on 8/6/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 visits of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for right foot and ankle pain with a history of a fifth metatarsal fracture. When seen, she had completed 8 physical therapy treatments with improved range of motion and endurance and decreased pain. Her BMI was over 33. There was plantar tenderness. Additional physical therapy was requested. Guidelines recommend up to 12-therapy treatment sessions over 12 weeks after a metatarsal fracture. In this case, the claimant has already had physical therapy including recent therapy sessions and the additional therapy being requested is well in excess of that recommended. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request was not medically necessary.