

Case Number:	CM15-0145486		
Date Assigned:	08/07/2015	Date of Injury:	03/17/2011
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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, 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 03-17-2011. On provider visit dated 04-24-2015 the injured worker has reported left foot pain status post-surgery, radiating pain 6 out of 10 when she walks one block or more. On examination, improvement in interphalangeal joint flexion in the left great toe was noted. There was +5 out of 5 strength noted throughout the left ankle and foot. Sensory loss to the nerves at the incision site of her left great toe was noted as well. Otherwise, examination was noted as normal. The diagnoses have included status post first metatarsal phalangeal joint arthrodesis and status post hardware removal - left foot, excision of neuroma third web space -left foot and improvement of interphalangeal joint contracture- left foot and sensory nerve deficit cutaneous nerve left great toe. The injured worker work status was noted as permanently partially disabled given her pain and symptoms. Treatment to date has included medication. The injured worker was noted to be on permanent partial disability. The provider requested physical therapy 3 times a week for 4 weeks for the left foot. A progress report dated April 24, 2015 states that the patient is permanent and stationary and notes a largely normal objective examination. The treatment plan recommends up to 12 visits of physical therapy for exacerbations annually.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.