

Case Number:	CM15-0146354		
Date Assigned:	08/07/2015	Date of Injury:	04/10/2012
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
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

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 (IW) is a 62-year-old male who sustained an industrial injury on 04-10-2012. Diagnoses include left calcaneus fracture nonunion; post-traumatic left foot arthritis and deformity, status post left hindfoot and midfoot arthrodesis. Treatment to date has included medications, surgical reconstruction, home exercises, custom orthotics and physical therapy (PT). According to the PR2 dated 7-9-2015, the IW reported he was doing OK. The Bosu ball with PT was helpful with improving his balance. He reported he could walk without significant pain. He also reported his new orthotics were not particularly comfortable, but he bought a pair of New Balance athletic shoes which were fairly comfortable. On examination, there was generalized, mild swelling of the left foot. The medial and lateral hindfoot, the calcaneus and the plantar foot were all non-tender. Left ankle range of motion was from 10 degrees of dorsiflexion to 30 degrees of plantar flexion. Hindfoot motion was absent. Motor strength of the left lower leg muscles was intact. Sensation was intact to the left foot. X-rays of the left foot showed stable alignment of the arthrodesis of the hindfoot and midfoot and no evidence of hardware failure. A request was made for physical therapy twice weekly for six weeks (12 sessions) to provide continued functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 2 a week for 6 weeks (12): Upheld

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, 99.

Decision rationale: The patient presents on 07/09/15 for follow up visit regarding left foot injury. The patient does not complaint of any acute pain. The patient's date of injury is 04/10/12. Patient is status post left foot reconstructive surgery on 12/16/13. The request is for Physical Therapy X 2 Week For 6 Weeks (12). The RFA was not provided. Physical examination dated 07/09/15 reveals generalized mild swelling of the left foot with numerous well-healed incisions noted. Left ankle range of motion is noted to be 10 degrees on dorsiflexion, 30 degrees on plantarflexion, and hindfoot motion is noted to be absent. The patient's current medication regimen is not provided. Diagnostic imaging was not included, though progress note dated 07/09/15 notes in-office x-rays showing: "status post extensive reconstruction and arthrodesis of the hindfoot and midfoot. Alignment appears stable. There is no evidence of hardware failure." Patient is currently working with modified duties. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines 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." In regards to the request for 12 physical therapy sessions for this patient's ankle complaint, the treater has exceeded guideline recommendations. Documentation provided does not include evidence of any physical therapy completed to date. MTUS guidelines allow for a maximum of 10 physical therapy sessions for complaints of this nature, the 12 requested exceeds these recommendations. Were the request for 10 sessions, the recommendation would be for approval, however the request as written exceeds guidelines and cannot be substantiated. Therefore, the request is not medically necessary.