

Case Number:	CM15-0164263		
Date Assigned:	09/01/2015	Date of Injury:	04/30/2015
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/21/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on April 30, 2015. He reported pain in the left foot between his baby toe and heel. The injured worker was diagnosed as having left foot contusion. Treatment to date has included diagnostic studies and medication. On June 18, 2015, the injured worker reported improved foot pain from 20% of normal to 70%. He was able to ambulate but still reported some pain. The treatment plan included physical therapy, medication and diagnostic studies. A request was made for physical therapy one time per week for two 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:

Physical therapy 1 time a week times 2 weeks, left foot: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot/Physical Therapy.

Decision rationale: MTUS Guidelines supports limited physical therapy for the ankle and foot, however the MTUS Guidelines do not address a specific number of sessions. ODG Guidelines addresses this issue in adequate detail and recommend up to 6 sessions of physical therapy as adequate for this type of injury. This individual has completed 6 sessions of therapy and has shown improvement in function. A couple of additional sessions are requested to transition to independence and return to baseline. This request is consistent with Guidelines as the limited addition therapy is in the setting of significant functional benefits and the goal is for independence. The request for Physical therapy 1 time a week times 2 weeks left foot is medically necessary.