

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0166456 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 06/12/2014 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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: Pennsylvania, Ohio, 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 6-12-14 when a counter dropped on his left foot. He has been treated by orthopedics, podiatry, has had nerve conduction studies, MRI (negative for fracture) and x-rays (negative for fracture). He currently complains of left foot numbness, pain at the bottom of the toes. On physical exam of the foot there was thickening and irregularity of the great toes on the left with tenderness over the medial dorsum, normal sensation, full range of motion but pain with dorsiflexion, gait stable. Medication was Advil. Diagnoses was left foot contusion; bursitis of the left intermetatarsal bursa. Treatments to date include physical therapy helpful overall but some balance exercises worsened the pain per 7-31-15 note; medications, work restrictions; trigger point injections at 3rd intermetatarsal space, 2nd and 3rd tarsometatarsal articulation (5-1-15); inserts; ankle wrap. In the progress note dated 7-31-15 the treating provider's plan of care included a request for additional physical therapy for left foot stretching, arch strengthening, and gait stability twice per week for three weeks. He was on modified work activity if available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue left foot physical therapy 2 times a week times 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.