MAXIMUS Federal Services

Case Number:	CM15-0191101		
Date Assigned:	10/05/2015	Date of Injury:	06/05/2014
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 39 year old female, who sustained an industrial injury on 06-05-2014. The injured worker was diagnosed as being 7 weeks status post open reduction and internal fixation - right 4th metatarsocuboid joint. On medical records dated 08-31-2015, the subjective complaints were noted as right foot pain, 7 weeks post-operative of 4th metatarsocuboid joint open reduction and internal fixation surgery. The injured worker reports being able to walk but still has pain on lateral aspect of right foot. Objective findings were noted as right lateral foot as tender overlying the incision site. No evidence of ecchymosis noted but there was slight edema. Pain with range of motion was noted. Treatments to date listed on medical record 05-20-2015 included cortisone injections, foot orthoses, brace and physical therapy. The injured worker was noted to be not working. Current medications were not listed on 08-15-2015. The Utilization Review (UR) was dated 09-16-2015. A Request for Authorization for 18 physical therapy visits for the right foot, 3 visits per week for 6 weeks was submitted. The UR submitted for this medical review indicated that the request for 18 physical therapy visits for the right foot, 3 visits per week for 6 weeks was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits for the right foot, 3 visits per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The CA MTUS recommends physical therapy for post surgical management. The guidelines define initial course of therapy as one half of the total recommended sessions. In this case, the specific surgery (repair of chronic dislocation of metatarsocuboid) is not specifically addressed in the guidelines or in ODG. The treating provider acknowledges that the literature does not directly address the number of sessions of physical therapy indicated after this procedure but he predicts a need for 18 sessions, based on his years of clinical experience. The original UR decision applied the guidelines for metatarsal stress fracture repair, this being a chronic condition, as close as possible to the chronicity of the claimant's condition. Using the guideline for metatarsal stress fracture repair, the guidelines would allow 21 sessions over 16 weeks. The original UR decision modified the request to allow 9 sessions of physical therapy as initial treatment. I note that this modification is one half of the sessions expected to be needed based on the treating provider's statement. This meets the CA MTUS guidelines which clearly state initial treatment should be one half of the total recommended sessions. The request for 18 sessions of physical therapy is not medically necessary as initial therapy as it exceeds one half of the 21 sessions recommended by guidelines. The original UR decision is upheld.