MAXIMUS Federal Services

Case Number:	CM15-0193828		
Date Assigned:	10/07/2015	Date of Injury:	02/18/2015
Decision Date:	11/23/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, New York, 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 applicant is a represented 34-year-old who has filed a claim for chronic foot and heel pain reportedly associated with an industrial injury of February 18, 2015. In a utilization review report dated September 17, 2015, the claims administrator partially approved a request for 24 sessions of physical therapy as 12 sessions of the same. The claims administrator referenced an August 20, 2015 office visit in its determination, along with a physical therapy progress note dated September 4, 2015. The claims administrator invoked non-MTUS ODG Guidelines in its determination, it was additionally noted. The claims administrator noted the applicant had undergone a foot excisional debridement procedure on April 6, 2015, a subsequent debridement procedure on June 3, 2015, an excision and debridement procedure on July 1, 2015, and a calcaneal ORIF procedure at an unspecified point in time. The applicant's attorney subsequently appealed. On an RFA form dated September 3, 2015, a split-thickness skin graft and 24 sessions of physical therapy were sought. On an associated progress note of September 2, 2015, the applicant reported ongoing issues with a left posterior heel ulcer secondary to a traumatic injury to the calcaneus. The applicant apparently had issues with a wound with an indwelling wound VAC. The applicant apparently received a wound debridement in the clinic. A wound VAC was applied. The applicant was asked to pursue a split-thickness skin graft and apparently received postoperative physical therapy with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy, four times a week for six weeks, for the left lower extremities: Upheld

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

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

Decision rationale: No, the request for 24 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS post-surgical Treatment Guidelines do support a general course of 16 sessions of physical therapy as part of the postsurgical treatment for burns, i.e., the operating diagnosis here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.a (2) to the effect that an initial course of therapy represents one-half of the number of visits specified in the general course of therapy for the specified surgery and by commentary made in MTUS 9792.24.3.c4 to the effect that the claimant should be evaluated no later than every 45 days to document functional improvement needed to justify continuing physical medicine treatment. Here, thus, the request for 24 initial physical therapy treatments represented treatment well in excess of the eight-session initial course of treatment suggested in the MTUS Postsurgical Treatment Guidelines following surgery for a burn, as was seemingly at issue here. The 24-session treatment at issue, did not, furthermore, seemingly contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with such a lengthy, protracted course of therapy. Therefore, the request is not medically necessary.