

Case Number:	CM15-0195422		
Date Assigned:	10/09/2015	Date of Injury:	04/25/2011
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 is a 48 year old, male who sustained a work related injury on 4-25-11. A review of the medical records shows he is being treated for treatments have included greater than 21 physical therapy sessions, wearing of stiff boots, and right 2nd toe injections. In the progress notes, he reports right 2nd metatarsophalangeal joint (MTP) is stiff on walking uphill. He is requesting more physical therapy. In the objective findings dated 9-14-15, he has 70% range of motion in the joint. In a physical therapy note dated 5-19-15, after 15 physical therapy sessions, he has made "improvements in 1st and 2nd MTP range of motion-it has increased to 50 degrees and flexion is still 10 degrees." He is currently working. The treatment plan includes 6 more physical therapy sessions. In the Utilization Review dated 9-28-15, the requested treatment of physical therapy x 6 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents on 09/14/15 with stiffness of the second metatarsophalangeal joint on the right with uphill walking. The patient's date of injury is 04/25/11. The request is for 6 sessions of physical therapy. The RFA was not provided. Physical examination dated 09/14/15 reveals 70 percent range of motion of an unspecified joint, presumably the right ankle. Radiographic examination notes a well healed osteotomy with a new "fleck of bone in the 2nd mp join" [sic]. The patient's current medication regimen is not provided. Patient is currently working. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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 regard to the 6 sessions of physical therapy sessions for this patient's ongoing right lower extremity complaint, the provider has exceeded guideline recommendations. This patient has undergone at least 21 physical therapy sessions to date directed at this complaint, the last being in May 2015. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments, the request for 6 in addition to the 21 already completed exceeds these recommendations and cannot be substantiated. No rationale is provided as to why this patient is unable to transition to home-based/self-directed physical therapy, either. Therefore, the request is not medically necessary.