

Case Number:	CM15-0199673		
Date Assigned:	10/14/2015	Date of Injury:	06/23/2011
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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(n) 45 year old male, who sustained an industrial injury on 6-23-11. The injured worker was diagnosed as having forefoot injury left foot with persistent pain. Subjective findings (2-26-15, 5-27-15) indicated the injured worker has been limping for several years secondary to his foot injury and has developed left knee pain. He feels as if he is always swollen in the forefoot and has continued numbness. Objective findings (2-26-15, 5-5-15) revealed stable metatarsophalangeal joints and an antalgic gait favoring the left. As of the PR2 dated 8-31-15, the injured worker reports left foot injury with pain, lower back pain and left knee swelling. Objective findings include tightness across the foot, especially when wearing closed-toed shoes and an antalgic gait. Treatment to date has included orthotics, a left foot ultrasound (results not provided), physical therapy for the left knee and lower back, Lidoderm patch and Voltaren gel. The Utilization Review dated 9-18-15, modified the request for physical therapy for the left foot x 12 sessions to physical therapy for the left foot x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left foot qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

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

Decision rationale: The 45 year old patient presents with low back pain, left knee swelling, and left foot injury with pain, as per progress report dated 08/31/15. The request is for Physical therapy left foot Qty: 12. The RFA for this case is dated 09/10/15, and the patient's date of injury is 06/23/11. As per progress report dated 09/02/15, the patient complains of left knee pain and has been diagnosed with medial meniscal tear of the left knee, osteoarthritis of the patellofemoral joint and medial femoral condyle, status post viscosupplementation on 07/08/15. Diagnoses, as per neurology and pain management report dated 05/05/15, included chronic pain, left foot neuropathic pain, degeneration of lumbar intervertebral disc, lumbago, and bunion. Medications included Voltaren gel and Lidoderm patch. The patient is status post two left foot surgeries in 2012 and 2013, as per progress report dated 04/15/15. The patient is working full duty, as per progress report dated 08/31/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: 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 this case, a request for 12 sessions of physical therapy for left lower extremity is noted in progress report dated 09/02/15. The treater is requesting the treatment as the patient is experiencing left knee and left hip discomfort, secondary to chronic gait abnormality.

However, the current request for physical therapy specifically to the left foot is not seen in any of the progress reports. As per report dated 08/31/15, the patient feels tightness across the foot along with some pain and numbness. Given the patient's date of injury and history of surgeries, it is reasonable to assume that the he has had some physical therapy for the foot in the past. There is no documentation of efficacy of prior therapy in terms of reduction of pain and improvement of function. The treater does not explain why the patient has not transitioned to a home exercise regimen. Additionally, MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Hence, the request for 12 sessions appears excessive and is not medically necessary.