

Case Number:	CM15-0203738		
Date Assigned:	10/20/2015	Date of Injury:	04/30/2014
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 55 year old female, who sustained an industrial injury on 4-30-14. She reported pain in bilateral heels and soles. The injured worker was diagnosed as having bilateral foot sprain and strain. Treatment to date has included an unknown number of physical therapy sessions, use of a foot brace, an injection, and medication including Naproxen, Cyclobenzaprine, and topical creams. Physical exam findings on 9-10-15 included tenderness to palpation of the feet with decreased range of motion bilaterally due to pain. On 9-10-15, the injured worker complained of bilateral foot pain rated as 7 of 10 without medication and 3 of 10 with medication. The treating physician requested authorization for physical therapy 2-3 times a week for 4-6 weeks for bilateral feet. On 10-5-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 4-6 weeks, bilateral feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week times 4 to 6 weeks the bilateral feet is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are bilateral foot sprain strain. For additional diagnoses see the progress note dated September 10, 2015. Date of injury is April 30, 2014. Request for authorization is September 28, 2015. An initial physical therapy evaluation dated September 1, 2015 states the injured worker has feet and back pain. The treatment plan is physical therapy two times per week times 12 weeks. The area or areas to be treated is not specified. According to the treating providers progress note dated September 10, 2015, subjective complaints include low back pain 2/10 and bilateral feet pain 3/10. Objectively, there is tenderness at the feet with decreased range of motion at the feet. The treatment plan is to continue physical therapy 2 to 3 times per week for 4 to 6 weeks. Although not stated, this appears to be an additional physical therapy request over prior physical therapy rendered. The total number of physical therapy sessions is not specified. Other than the initial physical therapy progress note dated September 1, 2015, there are no additional physical therapy progress notes. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted (over and above the recommended guidelines). Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy 2 to 3 times per week times 4 to 6 weeks the bilateral feet is not medically necessary.