

Case Number:	CM15-0207327		
Date Assigned:	10/26/2015	Date of Injury:	09/12/2011
Decision Date:	12/07/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

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:

The injured worker is a 36-year-old male who sustained an industrial injury on 9-12-2011 and is being treated for lumbar spine pain and amputation of his great right toe performed 5-14-2013. On 9-25-2015 the injured worker reported burning, throbbing, right "phantom" great toe pain rated at 5 out of 10, and intermittent low back pain made worse with prolonged standing or walking, and characterized as aching, sharp and moderate. The injured worker is documented as stating that his quality of life has not been the same since his surgery, and he is unable to participate in activities of daily living. Objective findings at this visit revealed slight antalgic gait favoring the right lower foot. A previous visit on 8-28-2015, also noted decreased range of motion of the distal proximal interphalangeal joints of digits 2, 3, 4 and 5 of the right foot with 35 degrees of medial deviation of the second metatarsophalangeal joint "assessed radiographically." Moderate to severe paresthesias were noted. The assessment was stated to include nerve entrapment and capsulitis and ligamentous derangement of the second metatarsophalangeal joint with chronic pain. Documented treatment includes at least 12 sessions of acupuncture which he says were helpful, at least 8 physical therapy sessions "with benefit," Naproxen, gabapentin, and compound topical cream. The physician has requested an additional 12 physical therapy sessions for the right foot which was non-certified on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right foot 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, most conditions require 8-10 sessions of physical therapy. In this case, the claimant had already received 12 sessions. There is no indication that additional therapy cannot be completed at home. The claimant's surgery was over 2 years ago. The request for 12 additional is not medically necessary.