

Case Number:	CM15-0207549		
Date Assigned:	10/26/2015	Date of Injury:	01/23/2013
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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 59-year-old female who sustained an industrial injury on January 23, 2013. The worker is being treated for: right foot sprain; plantar fibroma. Subjective: February 11, 2015 she reported, "Doing much better," She is satisfied. "Soreness occasionally, but working full duty." Objective: September 09, 2105 noted improved but slower than expected. Noted "new pain developed in left foot." Medications: September 09, 2015: prescribed Voltaren gel. Diagnostics: new radiographic study. Treatments: physical therapy, activity modification, topical analgesia, recommending orthotics. On September 14, 2015 a request was made for 8 sessions of physical therapy to the right foot that was noncertified by Utilization Review on September 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right foot, twice a week for four weeks: Overturned

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 rationale: Based on the 9/9/15 progress report provided by the treating physician, this patient presents with right foot pain, right ankle pain, rated 4-5/10 and left foot pain rated 6/10. The treater has asked for PHYSICAL THERAPY FOR THE RIGHT FOOT, TWICE A WEEK FOR FOUR WEEKS on 9/9/15. The patient's diagnosis per request for authorization dated 9/9/15 are spring of foot NOS. The patient is s/p onset of new pain in the left foot, and states that the fibroma on the left foot has gotten larger and more painful than the right per 9/9/15 report. The patient had the plantar fibroma removed twice on the bilateral feet previously 10 years ago and she also had unspecified plantar fibromas surgically removed on 5/6/14 per 9/9/15 report. The patient is doing much better, with occasional soreness of plantar fascia and is working full time without restrictions as of 2/11/15 report. Currently, the patient is able to return to modified duties as of requesting 9/9/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "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, review of the reports does not show any evidence of recent physical therapy. Per utilization review letter dated 9/22/15, the request is denied due to lack of sufficient explanation of necessity, and since the patient is able to do a home exercise program. MTUS allows for 8-10 sessions of physical therapy in non-operative cases, and the current request for 8 sessions is reasonable and within guideline recommendations for the patient's ongoing bilateral foot pain. Hence, the request IS medically necessary.