MAXIMUS Federal Services

Case Number:	CM15-0219885		
Date Assigned:	11/12/2015	Date of Injury:	02/26/2012
Decision Date:	12/29/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/09/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 60 year old female who sustained an industrial injury on 2-26-2012. A review of medical records indicates the injured worker is being treated for slip and fall contusion injury due to left knee injuring the right foot, exostosis of the first metatarsophalangeal joint, left foot, degenerative joint disease, first metatarsophalangeal joint, left foot, overuse injury to the right foot, status post-surgical repair of the hallux rigidus, right foot, painful gait, and scar tissue adhesions. Medical records dated 7-29-2015 noted pain to the right foot. She states her symptoms are improving. She continues to have some scar tissue adhesions which cause restricted range of motion of the foot and it has not shown a significant improvement in her range of motion secondary to the adhesions. Reviews of systems were unchanged. Physical examination noted restricted range of motion to the right foot. Treatment has included physical therapy (amount unknown). Utilization review form dated 11-6-2015 noncertified physical therapy 2x3 for the right foot and consultation for the left knee total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for right foot: Upheld

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

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

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 9-10 visits for myalgia and 8-10 visits for neuralgia. The request for 18 physical therapy sessions would exceed recommendations. According to records, the patient has had adequate physical therapy for this condition and there was no significant objective improvement from therapy documented. In addition, there was no documentation as to why the claimant is not able to continue therapy via a home exercise program. The request for physical therapy 2x3 sessions for the right foot is not medically necessary and appropriate.

Consultation for left knee total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 Consultation.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of end stage arthrosis by MRI. The request for initial orthopedic consultation for left total knee replacement is not medically appropriate and necessary.