

Case Number:	CM15-0033774		
Date Assigned:	02/27/2015	Date of Injury:	09/02/2011
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 09/02/2011. She has reported subsequent foot and hip pain and was diagnosed with status post right foot tendon transfer and residual hip pain with mechanical problems. Treatment to date has included physical therapy and surgery. In a progress note dated 01/26/2015, the injured worker complained of pain in the hip. Objective physical examination findings were notable for obvious weakness in the right foot. Requests for authorization of physical therapy and pool therapy were made. On 02/04/2015, Utilization Review non-certified requests for 36 visits of physical therapy of the right foot and pool therapy, noting that there was no evidence of a flare up of symptoms was initially unresponsive to home exercise and medication and that there was no documentation that reflected the amount of therapy previously received and the results. MTUS and ACOEM guidelines were cited.

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, Qty: 36: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, 99.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The records submitted for review state that the patient has had at least 36 visits of physical therapy with no clear documentation of what deficits remain, and what goals are for future PT sessions. As the request is for more sessions than the recommended amount, the request is not medically necessary.

Pool therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, ankle pain is exacerbated with weight bearing. Therefore, this is medically necessary.