

Case Number:	CM15-0040520		
Date Assigned:	03/10/2015	Date of Injury:	10/01/2013
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 an 87-year-old male, who sustained an industrial injury on 10/1/13. The injured worker has complaints of numbness of right and difficulty ambulating. The diagnoses have included status post crush injury, right foot, multiple fractures; right foot neuritis and gait abnormality with right foot deformity. The documentation noted that the injured worker has had physical therapy and Brooks and excellent shoe gear and right foot X-rays.

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; 6 sessions: Upheld

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

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

Decision rationale: The patient was injured on 10/01/2013 and presents with right foot pain. The request is for PHYSICAL THERAPY FOR THE RIGHT FOOT, 6 SESSIONS. There is no RFA provided and the patients work status is not known. MTUS page 98 and 99 has the

following: Physical medicine: 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. Review of the report indicates that the patient has had prior physical therapy for the right foot. As of 09/23/2014, the patient was authorized 12 visits of physical therapy. In this case, the treater is requesting for 6 additional sessions of physical therapy which exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.