

Case Number:	CM15-0046159		
Date Assigned:	03/18/2015	Date of Injury:	07/25/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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: Pennsylvania, Ohio, 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 53-year-old female who sustained an industrial injury on 7/25/14 involving a fall where she fell sideways landing on her left side while using her arm to break her fall and twisting her right ankle. She immediately felt severe pain in the right foot and was unable to place any weight on it. She was given medications and had x-rays done which revealed a fractured metatarsal and was casted and given crutches. After the cast was removed, she complained of numbness of the right foot. She then developed pain in the left foot from overcompensation. She currently complains of intermittent, mild to moderate pain in bilateral feet, right greater than the left. The pain radiates into the toes and complains of burning, swelling, numbness, tingling sensations. She walks with an antalgic gait but denies use of crutches or cane. Her activities of daily living are somewhat limited. Her current medications are unrelated to her industrial accident. Diagnoses include fracture of the fifth metatarsal, right foot; compensatory strain of the left foot and possible Morton's neuroma between the 1st and 2nd toes, right foot; sprain and strains of ankle. Treatments to date include physical therapy and symptoms persisted; right shoe insert. Diagnostics include x-rays and MRI of the right foot (2/12/15) which was normal. In the progress note dated 1/20/15 the treating provider requested an additional course of physical therapy directed to the bilateral feet, twice a week for three weeks for continued symptomatic pain relief and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 Times a Week for 3 Weeks (Bilateral Feet): Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.