

Case Number:	CM15-0051339		
Date Assigned:	03/24/2015	Date of Injury:	12/21/2010
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/18/2015

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 62 year old who sustained an industrial injury on 12/21/2010. Diagnoses include right foot neuroma, cervical strain and tarsal tunnel syndrome. Treatment to date has included medications, orthotics, diagnostic studies, acupuncture, chiropractic treatments, and extensive physical therapy. A physician progress note dated 02/20/2015 documents the injured worker complains of increased cervical spine pain with decreased activity of daily living, and right foot pain with walking, orthotics are helping. Right foot shows positive Tinel's, and positive for numbness and tingling. Her cervical spine shows positive Spurling's, and positive tightness and positive trapezius spasm left greater than right. The treatment plan was for cortisone injection in the right foot under ultrasound guidance, massage therapy to the cervical spine and physical therapy to the right foot. Treatment requested is for Physical Therapy, Right Foot, 2 times weekly for 6 weeks (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Foot, 2 times weekly for 6 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5, Chronic Pain Treatment Guidelines Physical Medicine Page(s):

98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

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

Decision rationale: The California MTUS guidelines recommends up to 10 visits of physical therapy followed by home exercise for the injured employees right foot. A review of the attached medical records indicates that there has been a considerable amount of physical therapy previously rendered for the injured employee's right foot in the past four years. Additionally, there is no documentation that there has been any significant efficacy achieved from these sessions. Considering this, this request for an additional 12 sessions of physical therapy for the right foot is not medically necessary.