

Case Number:	CM15-0052567		
Date Assigned:	03/26/2015	Date of Injury:	09/13/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56-year-old male who sustained a work related injury on September 13, 2014, incurring foot injuries after a fall from a ladder. He was diagnosed with a closed left calcaneus fracture. Treatment included physical therapy, anti-inflammatory drugs, home exercise program, pain medications, ice, protective boot, elevation and non-weight bearing status. Currently, the injured worker complained of persistent heel pain and weakness in the foot. The treatment plan that was requested for authorization included additional physical therapy for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4 for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: Additional Physical Therapy 2 x 4 for the left foot is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for the patient's symptoms/condition. The patient has had 16 sessions of PT already for the left foot. There are no extenuating circumstances requiring 8 more supervised therapy sessions. The MTUS recommends transitioning to an independent home exercise program. The request for additional physical therapy 2 x 4 for the left foot is not medically necessary.