

Case Number:	CM15-0056750		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2001
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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, Hawaii
 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 52 year old female who sustained a work related injury on October 2, 2001, incurring low back and ankle injuries. She was diagnosed with lumbar degenerative disc disease and radiculopathy and Achilles tendon injury, plantar fasciitis of the right foot and tarsal tunnel syndrome. She underwent a lumbar fusion and a repair of the ligaments in the right ankle. Currently, the injured worker complained of persistent pain in the right ankle and foot. The treatment plan that was requested for authorization included twelve sessions of physical therapy for the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions, 3 x 4 (right foot): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle chapter - PT.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The Injured Worker presents with injuries to her low back and ankle. She is s/p right tarsal tunnel release on 11/14/2014. The CA MTUS treatment guidelines allow for 9 visits of PT over 8 weeks. The Injured Worker has already received a course of PT for her right foot. In this case, the request for 12 visits of PT is above and beyond what is allowed by the CA MTUS guidelines. The Injured Worker is beyond the post surgical time frame for physical therapy. There is no note of a flare up in the medical records provided. Medical necessity has not been established and recommendation is for denial. The request is not medically necessary.