

Case Number:	CM15-0086978		
Date Assigned:	05/11/2015	Date of Injury:	11/10/2014
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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 53 year old female who sustained an industrial injury on 11/10/2014. Current diagnoses include right foot difficulty walking. Previous treatments included medication management, aircast boot, ice, ASO brace, physical therapy, and home exercise program. Previous diagnostic studies include x-rays. Initial injuries included right foot and ankle pain after foot rolled off the edge of a spring mat. Report dated 04/15/2015 noted that the injured worker presented with complaints that included residual weakness and stiffness. Pain level was not included. Physical examination was positive for significant weakness of plantar flexion. The treatment plan included continuing with physical therapy, follow up in 4-6 weeks, released for regular work activity. Documentation supports that the injured worker was previously authorized for 20 visits of physical therapy. Disputed treatments include physical therapy unspecified, 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy unspecified, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

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

Decision rationale: The patient presents with pain affecting the right foot and ankle. The current request is for Physical therapy unspecified, 8 visits. The requesting treating physician report was not found in the documents provided. A physical therapy progress note dated 4/15/15 (64B) notes that the patient has received 20 sessions of PT to date and that an additional 8 visits is recommended. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received prior physical therapy. In this case, the patient has received at least 20 visits of physical therapy to date and the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, a body part for which the physical therapy was being prescribed was not specified in the current request and there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial. The request is not medically necessary.