

Case Number:	CM14-0103883		
Date Assigned:	08/01/2014	Date of Injury:	08/22/2012
Decision Date:	10/14/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 08/22/2012. The date of the initial utilization review under appeal is 06/18/2014. A physical therapy progress report of 06/04/2014 discusses the patient's diagnosis of chronic pain in the left foot and notes that the patient had attended 12 physical therapy visits and had made progress with the reduction in the onset in intensity and frequency of pain and improvement in strength in the plantar flexor and toe flexors on the left. The physical therapist opined that the patient would benefit from continued physical therapy to further improve his joint mobility and to increase his foot intrinsic strength and dynamic stability in order to perform weightbearing activities without exacerbation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercises Outpatient: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Physical Medicine, page 99, recommends transition to

independent active home rehabilitation. The medical records do not provide a rationale to support additional supervised physical therapy rather than independent home rehabilitation as suggested by the guidelines. The patient's further clinical improvement, which is part of the current treatment goals, would reasonably be expected to occur through an independent home rehabilitation program at this time. The records otherwise do not provide a rationale or basis for additional supervised rather than independent home rehabilitation. This request is not medically necessary.