MAXIMUS Federal Services

Case Number:	CM14-0144657		
Date Assigned:	09/12/2014	Date of Injury:	04/28/2011
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/06/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 58-year-old male who reported an injury of unknown mechanism on 04/28/2011. On 02/27/2014, his diagnoses included right foot second metatarsophalangeal pain for 6+ years. The assessment and treatment plan noted that this worker's foot and bunion pain was not improving. He had tried conservative measures and shoe wear changes. The plan was for a first MTP spacer and physical therapy. If that plan failed, then surgery was indicated. On 07/22/2014, in an addendum report, there was a request to please authorize 6 sessions of physical therapy for the right foot. The note further stated that the podiatrist was requesting physical therapy prior to surgery. A Request for Authorization dated 08/01/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PHYSICAL THERAPY: Upheld

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

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

Decision rationale: The request for 6 sessions of physical therapy is not medically necessary. The California MTUS Guidelines recommend passive therapy for short term relief during the early phases of pain treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. This request does not specify the body part or parts to have been treated with the requested physical therapy. Additionally, there was no period of time specified. The clinical information submitted failed to meet the evidence based guidelines for physical therapy. Therefore, this request for 6 sessions of physical therapy is not medically necessary.