

Case Number:	CM14-0146055		
Date Assigned:	09/12/2014	Date of Injury:	08/17/1987
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 62-year-old female with date of injury of 08/17/1987. The listed diagnoses per [REDACTED] from 12/14/2012 are: 1. Right first metatarsocuneiform joint degenerative disease with increased inter metatarsal angle and bunion2. Right tibialis anterior insertional tendinitisAccording to this report, the injured worker complains of right medial foot pain secondary to her knee injury. She has had several treatments of injections with limited but definite help. The injured worker reports painful right medial arch of 1 to 1 1/2 to 2 years duration. She has developed a bunion and calluses that are painful. Musculoskeletal examination reveals normal size, strength, and showing to all muscles of the lower extremities. Ankle joint dorsiflexes to 12. The injured worker has a right hallux abductovalgus deformity with bunion. There is tenderness at bunion on her right foot. She actively adducts her right foot to avoid pain. The left midfoot collapses. The injured worker is currently not working. The utilization review denied the request on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy: Upheld

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

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

Decision rationale: This injured worker presents with right foot pain. The treating physician is requesting 12 sessions of physical therapy. The MTUS guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the injured worker has received and with what results. The utilization review denied the request stating that the injured worker has undergone 36 physical therapy sessions over the last 12 months. In addition, UR noted that the injured worker "plateaued" during the most recent course of physical therapy. The treating physician does not discuss why additional therapy is needed. Given that the injured worker has received some 36 sessions of physical therapy, the requested 12 sessions would exceed MTUS recommendations. The injured worker should be able to transition into self-directed home exercise program to improve strength and range of motion. The request for 12 Sessions of Physical Therapy is not medically necessary.