

Case Number:	CM14-0160498		
Date Assigned:	10/06/2014	Date of Injury:	12/09/2006
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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 patient is a 69 year old female with an injury date of 12/09/06. According to the 08/27/14 progress report, the patient complains of having pain which she rates as an 8/10 and with the medication, she describes her pain as being a 4/10. The patient also complains of having significant hypersensitivity over the foot with pain with prolonged standing and prolonged walking. There is tenderness between the second and third metatarsal, where a possible neuroma is palpable. The patient's diagnoses include the following: 1. Multiple fracture of the left foot metatarsal with open reduction internal fixation. Fracture of the cuboid with nonunion and tarsal tunnel syndrome and development of arthrids of the tarsal, metatarsal joint of the 1st, 2nd, and 3rd metatarsal and tarsal joints. 2. Left foot plantar fasciitis. 3. Status-post exploration and fusion of the metatarsal joint with bone grafting. 4. Post fracture of the left foot with ORIF and non-union of the cuboid bone and neuroma formation from the superficial cutaneous nerve branch. 5. Morton's neuroma. [REDACTED] is requesting for physical therapy 3 times a week for 4 weeks for the left ankle. The utilization review determination being challenged is dated 09/08/14. [REDACTED] is the requesting provider, and provided treatment reports from 02/05/14-08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left ankle: Upheld

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

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

Decision rationale: The patient presents with significant hypersensitivity over the foot with pain with prolonged standing and prolonged walking. The request is for physical therapy 3 times a week for 4 weeks for the left ankle. The 08/27/14 report states that the "patient hasn't had any therapy this year." MTUS page 98 and 99 Physical Medicine allows for 9-10 visits over 8 weeks for myalgia and myositis. MTUS also allows for 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the treater is requesting for a total of 12 sessions of physical therapy, which exceeds MTUS guidelines therefore request is not medically necessary.