

Case Number:	CM14-0064742		
Date Assigned:	07/11/2014	Date of Injury:	07/26/2013
Decision Date:	09/24/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 and Rehabilitation 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:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 7-26-13. On this date, the claimant injured his right toes and right foot while remodeling and removing a piece of tile and ceramic. The claimant sustained a laceration. Exam on 1-31-14 notes the claimant complains of right foot and ankle pain. An MRI dated 1-16-14 showed hypertrophic changes. No evidence of fracture or abnormal fluid. On 2-26-13, the claimant had an EMG/NCS which was normal. The claimant had been treated conservatively for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 6wks right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - physical medicine.

Decision rationale: The ODG supports up to 9 visits for medical treatment of foot and ankle. The MTUS Chronic Pain Guidelines as well as ODG notes that one should allow for fading of

treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is an absence in documentation to include physical exam findings to support 18 physical therapy sessions at this juncture, so far removed from the original injury. Additionally, there is no indication that this claimant cannot perform a home exercise program. The request for 18 physical therapy sessions exceeds current treatment recommendations. Therefore, the medical necessity of this request is not established.