

Case Number:	CM14-0085036		
Date Assigned:	07/23/2014	Date of Injury:	10/23/2003
Decision Date:	10/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 52 year-old female who was reportedly injured on 10/23/2003. The most recent progress note dated 4/30/2014, indicates that there were ongoing complaints of right lower extremity pain. Physical examination demonstrated tenderness to the right plantar fascia heel insertion and lateral ankle; no swelling, ecchymosis, or scars to right ankle; full right ankle range of motion; antalgic gait with soft ankle brace. No recent diagnostic imaging studies available for review. Previous treatment includes cortisone injections, physical therapy, home exercises, TENS unit, custom foot orthosis, and medications. A request was made for physical therapy right foot/ankle 2 x 3, which was not certified in the utilization review on 5/8/2014.14621

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right foot/ankle 2 x 3: Upheld

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

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain. It recommends a maximum of 8-10 visits over 4 weeks to provide short-term relief

during the early phases of pain treatment to improve the rate of healing soft tissue injuries, control swelling and inflammation during the rehabilitation process. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improved levels. Review of the available medical records documents chronic right ankle/foot pain since a work-related injury in 2003. The claimant previously underwent physical therapy several years ago. As such, this request is not considered medically necessary.