

Case Number:	CM15-0016139		
Date Assigned:	02/04/2015	Date of Injury:	06/05/2014
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who reported an injury on 06/05/2014. The injured worker reportedly suffered a right foot injury when she fell into a hole. The current diagnoses include right foot plantar fascial injury with healed 5th digit and fourth metatarsal base bone contusion. The injured worker presented on 12/31/2014 for a follow-up evaluation. It was noted that the injured worker's MRI showed impaction and contusion affecting the plantar aspect of the fourth metatarsal base. There was bone marrow edema involving the plantar aspect of the fourth metatarsal base. Upon examination, there was maximum tenderness at the fourth metatarsal base and fourth metatarsal cuboid joint area, pain with plantar flexion and dorsiflexion, decreased swelling and an antalgic gait. Recommendations at that time included additional physical therapy for the right foot. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: 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 Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the request is not appropriate. Additionally, it was noted that the injured worker had participated in a previous course of physical therapy. In the absence of documentation of significant functional improvement following the initial course, additional treatment would not be supported. Given the above, the request is not medically appropriate at this time.