

Case Number:	CM15-0017916		
Date Assigned:	02/05/2015	Date of Injury:	04/02/2013
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who sustained an industrial injury on 04/02/13. He reports significant pain in both feet and ankles. Treatment to date includes comfortable shoes, medications, and surgeries including triple arthrodesis of the left foot, incision and drainage of the right foot, and bilateral foot reconstruction, and most recently left second through fifth hammertoe/claw toe reconstruction, 2nd and 3rd metatarsal osteotomy. Diagnoses include bilateral ankle joint stiffness, right foot calcaneus-cuboid joint arthritis, status post left foot triple arthrodesis, left forefoot deformities status post surgical reconstruction, and right foot claw toe/hammertoe deformities status post surgical reconstruction. In a progress noted dated 01/05/15 the treating provider recommends a course of physical therapy for gait training of both lower extremities. On 01/20/15 Utilization Review modified the request to 9 sessions. MTUS Postsurgical guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for Right Foot (2x8) 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: Regarding the request for physical therapy, CA MTUS supports up to 9 postoperative PT sessions. Within the documentation available for review, it is noted that the prior utilization review modified the request from 16 to 8 sessions and there is no clear rationale presented to support the medical necessity of initial sessions beyond the amount recommended by the CA MTUS. Unfortunately, there is no provision to allow for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.