

Case Number:	CM15-0113640		
Date Assigned:	06/25/2015	Date of Injury:	06/25/2014
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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 61-year-old female, who sustained an industrial injury on 6/25/2014. She reported falling onto her knees. Diagnoses have included left foot posterior tibialis tendinitis, sprain/strain of ankle and pain in joint ankle/foot. Treatment to date has included physical therapy, orthotics and medication. According to the progress report dated 5/7/2015, the injured worker complained of pain and swelling in her left foot. The pain was greater when walking. Objective findings revealed minimal swelling in left foot and positive pain at the insertion of the posterior tibial tendon. It was noted that the injured worker had benefitted by physical therapy. Authorization was requested for physical therapy three times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for left foot pain and swelling. Treatments have included physical therapy with completion of more than 20 skilled sessions. When seen, there was posterior tibial tendon insertion swelling and pain. Recommendations included use of orthotics and limited walking and standing. Authorization for an additional nine therapy treatment sessions was requested. Guidelines recommend up to nine treatment sessions for this condition. In this case, the claimant has already had well in excess of the number of recommended treatments. She would be expected to be able to independently perform a home exercise program, which could include the use of self-applied modalities such as heat and ice and use of TheraBands for continued strengthening. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.