

Case Number:	CM15-0113811		
Date Assigned:	06/22/2015	Date of Injury:	07/08/2010
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of July 8, 2010. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for 12 sessions of postoperative physical therapy for the foot. The claims administrator referenced a RFA form received on May 22, 2015 and an associated progress note of March 11, 2015 in its determination. A May 6, 2015 appeal letter was also referenced. The claims administrator denied the request, in large part, on the grounds that the request for surgical exostosis removal had also been denied. The applicant's attorney subsequently appealed. On May 6, 2015, the attending provider apparently appealed previously denied physical therapy in a somewhat templated fashion. The attending provider stated he was also concurrently pursuing a surgical intervention involving the foot, namely debridement of the same and removal of an exostosis about the first MTP joint. On March 11, 2015, the applicant reported ongoing complaints of foot pain associated with bilateral plantar fasciitis. The applicant was status post removal of an internal fixator device from the left foot on July 25, 2014, it was acknowledged. The applicant had apparently undergone a first MTP fusion surgery, laterality unspecified. A first MTP joint debridement and exostosis removal were endorsed. The remainder of the file was surveyed. There was no evidence that the applicant had in fact undergone the contested exostosis removal/foot debridement procedure which was also seemingly the subject of dispute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right foot, thrice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of postoperative physical therapy for the right foot was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of nine sessions of treatment following surgery for enthesopathy of the ankle and/or foot, a procedure essentially analogous to the article in question here, here, however, it did not appear that the applicant actually underwent, was scheduled to undergo, and/or received authorization for the debridement/metatarsal phalangeal joint exostosis excision procedure which was also the subject of dispute. A survey of the file suggested that the treating providers had not moved forward with the surgery in question following the adverse utilization review determination. Therefore, the derivative request for associated postoperative physical therapy was likewise not medically necessary.