

Case Number:	CM15-0165510		
Date Assigned:	09/03/2015	Date of Injury:	06/24/2015
Decision Date:	11/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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, Hawaii

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 33 year old male, who sustained an industrial injury on 6-24-15. The injured worker is diagnosed with a left foot contusion. His work status is modified duty. Notes dated 7-6-15 - 8-3-15 reveals the injured worker presented with complaints of mild to moderate left foot pain described as dull and rated at 5 out of 10. A physical examination dated 7-6-15 - 8-3-15 revealed normal gait and full weight bearing on both lower extremities. The left lower foot examination reveals normal toes and ankle, unrestricted range of motion of the toes and muscle strength is 5 out of 5. Treatment to date has included medications, and physical therapy decreased pain, increased strength, range of motion and functional ability per note dated 7-21-15. Diagnostic studies to date have included left foot x-ray. A request for authorization dated 8-3-15 for physical therapy 3 times a week for 2 weeks to the left foot is non-certified, per Utilization Review letter dated 8-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2 weeks to the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with mild to moderate left foot pain described as dull and rated 5 out of 10. The current request is for Physical Therapy 3 times a week for 2 weeks to the left foot. The treating physician states, in a report dated 08/03/15, "Additional PT and MRI are requested today. Physical Therapy [REDACTED] -3 times/week for 2 weeks." (4B) The MTUS guidelines state, "For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended." In this case, the treating physician, based on the records available for review, requested 6 PT sessions for the left foot on 07/30/15, which was approved and received. Although functional improvement is noted ("Patient's injury is 80% better, still having pain to lateral left foot and right knee." (3B)) the request for six additional sessions exceeds MTUS guidelines. The current request is not medically necessary.