

Case Number:	CM15-0170066		
Date Assigned:	09/10/2015	Date of Injury:	01/31/2008
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 63-year-old who has filed a claim for chronic knee and foot pain reportedly associated with an industrial injury of January 31, 2008. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for one session of physical therapy to the foot. An August 5, 2015 RFA form and progress note of July 27, 2015 were referenced in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 5, 2015, physical therapy to include range of motion, strengthening, and kinesiotaping was endorsed. In an associated progress note of July 27, 2015, the applicant reported complaints of 7/10 knee pain. The applicant was described as having issues with the mild left foot drop. The applicant was nevertheless able to walk without assistance. The applicant's BMI was 20. The applicant exhibited a well-healed incision line about the knee. Physical therapy was sought. The applicant was kept off of work through August 5, 2015 and asked to return to regular work as of that point in time. Physical therapy and an exercise program were endorsed. On August 4, 2015, it was stated the applicant had ongoing complaints of foot and ankle pain with associated swelling attributed to a monoclonal gammopathy versus amyloidosis. The applicant exhibited visible nodule about the foot. On physical therapy progress note dated August 5, 2015, it was stated that the applicant has had 10 sessions of physical therapy through this point. The applicant was asked to continue home exercises. The applicant exhibited visible swelling about the feet. Manual lymph drainage was performed. The applicant was given a wrap of some kind.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, Left Foot, (ROM range of motion, strengthening, kinesiotaping), Qty 1 visit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The request for physical therapy to left foot to include range of motion exercises, strengthening, and kinesiotaping-one visit was medically necessary, medically appropriate, and indicated here. The one-session course of treatment was seemingly in-line with the 9-to-10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue seemingly present here. The applicant did have issues with a palpable nodule, swelling about the feet, lower extremity edema, foot drop, etc., reported on July 27, 2015, August 4, 2014, and August 10, 2015. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, thus, the one-session course of treatment at issue for range of motion, strengthening, and taping purposes, thus, was in-line with MTUS parameters, and was in-line with the seeming flare in/manifestation of lymphedema, monoclonal gammopathy, foot nodule, etc., reported on multiple office visits of July and August 2015, referenced above. Therefore, the request was medically necessary.