

Case Number:	CM15-0172536		
Date Assigned:	09/14/2015	Date of Injury:	01/28/2015
Decision Date:	10/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 27 year old male, who sustained an industrial injury on 1-28-15. Medical record indicated the injured worker is undergoing treatment for workplace injury, crush injury of left heel with degloving, calcaneal fracture, and gangrene of left heel, debridement of left heel and resolved cellulitis and abscess of left heel. Treatment to date has included left heel debridement, physical therapy, home exercise program and activity modifications. Currently on 7-2-15, the injured worker complains of difficulty in the area of the crush injury because of some loss of subcutaneous tissue in that area. Physical exam on 7-2-15 revealed completely healed donor site, previously noted cellulitis has resolved, small area of abscess superior to the donor site is resolved, no pain with compression of calcaneus and subtalar joint range of motion within normal limits but does elicit pain which is slightly improved since previous visit. The treatment plan included continuation of physical therapy, continuation of home exercise program, custom boots, functional capacity test and light work duty. On 8-31-15, utilization review non-certified 18 sessions of physical therapy noting there was no time frame involved and no indication when the patient is to be re-evaluated again for response and there are no formal -physical therapy- occupational therapy notes to demonstrate response to function and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the left foot, three times weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Activity Alteration, Follow-up Visits, Surgical Considerations, and Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: As per the evidence based guidelines stipulated by the existing labor code, the medical necessity of post surgical physical therapy for an injured worker, is dependent on the documentation of functional improvement. If further improvement can be accomplished after completion of the general course of therapy, treatment may be continued. To continue physical medicine treatment MTUS guidelines require evaluation following continuation of therapy, no later than every forty-five days from the last evaluation, to document functional improvement. The provided record does not provide the documentation to support medical necessity. The requested additional Physical Therapy is not certified as medically necessary.