

Case Number:	CM15-0073889		
Date Assigned:	04/23/2015	Date of Injury:	02/08/2012
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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

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 61 year old female, who sustained an industrial injury on February 8, 2012. She reported stepping on a large cardboard role with her left foot, losing her balance and falling, with immediate pain in her right arm, right hip, and left foot. The injured worker was diagnosed as having status post bunion surgery 2011, industrial fall with recurrent hallux valgus, status post revision hallux valgus surgery 2012, status post proximal osteotomy first metatarsal with plate and screws, distal first metatarsal osteotomy, osteotomy of P1 left big toe, moderate degenerative changes first metatarsophalangeal joint and sclerosis of first metatarsal head with first metatarsal shortening on x-ray 2014, mild subchondral sclerosis of the left superolateral acetabulum with normal joint line per x-ray 2014, improved contusion of the left arm, and coccygodynia. Treatment to date has included physical therapy, left foot surgery 2012, bone density scan, MRIs, multiple foot/toes surgeries, and medication. Currently, the injured worker complains of occasional pain in the left foot, located at the first tsarsometatarsal joint and the first metatarsophalangeal joint, with localized swelling on the medial forefoot, with pain in the left paracoccygeal area of the left hip. The Primary Treating Physician's report dated February 24, 2015, noted the injured worker reported her pain was currently mild, moderate most of the time, with pain level averaging 3/10 and was 6/10 at is worse. The injured worker reported having mild depression and anxiety. The treatment plan was noted to include physical therapy to the left foot, first metatarsophalangeal joint, and the first tsarsometatarsal joint, and x-rays of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x 6 weeks, Left Foot, First Metatarsophalangeal Joint, First Tarsometatarsal Joint, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Ankle/Foot Sprain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, 2 x 6 weeks, Left Foot, First Metatarsophalangeal Joint, First Tarsometatarsal Joint, quantity 12 is not medically necessary and appropriate.