

Case Number:	CM15-0091870		
Date Assigned:	05/18/2015	Date of Injury:	07/24/2013
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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: California

Certification(s)/Specialty: Internal 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 injured worker is a(n) 65 year old male, who sustained an industrial injury on 7/24/13. He reported pain in his left foot. The injured worker was diagnosed as having left foot 2nd interspace neuroma, metatarsalgia of the left foot and hallux valgus deformity and degenerative joint disease. Treatment to date has included physical therapy x 34 sessions, NSAIDs, a cortisone injection and orthopedic shoes with orthotic inserts. As of the PR2 dated 1/7/15, the injured worker reports having a huge flare-up on [REDACTED] which caused him significant amount of pain for the rest of the day. He states he is unable to perform his job anymore. The treating physician noted the injured worker had reached maximum medical improvement under conservative treatment and recommended surgical intervention. The treating physician requested post-operative physical therapy x 12 visit for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy x 12 visits for the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The MTUS Postsurgical Treatment Guidelines do not address post-operative physical therapy for neuroma excision surgery. MTUS Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Neuroma excision of the second interspace of the left foot with metatarsal nerve decompression was certified on 5/6/15. Twelve post-operative physical therapy PT visits for the left foot were requested. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 12 post-operative physical therapy visits exceeds ODG guidelines, and is not supported. Therefore, the request for 12 post-operative physical therapy visits not medically necessary.