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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2190
[redacted]

Dated: 1/16/2014

IMR Case Number:	CM13-0021140	**Date of Injury:**	04/13/2001
Claims Number:	[redacted]	**UR Denial Date:**	08/22/2013
Priority:	STANDARD	**Application Received:**	09/06/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 4/13/01. She was noted to have issues with her left foot which resulted from a complication of her diabetes. The diagnoses were noted to include depression from prolonged chronic illness, status post anterior and posterior fusion, diabetes mellitus under control by endocrinologist, and diabetic foot with foot ulcer and deformity of the left foot.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for eight physical therapy sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99.

The Physician Reviewer's decision rationale:

The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment when directed at controlling symptoms such as pain, inflammation and swelling to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, which can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia. The clinical documentation submitted for review failed to provide a thorough objective examination, and failed to provide the part of the body that for which physical therapy was being requested. Additionally, the patient's injury was noted to have occurred in 2001, so the patient should be well-versed in a home exercise program. Additionally, the documentation failed to address the patient's previous response to physical therapy, and did not list exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.

2. The request for one consultation with a podiatrist is medically necessary and appropriate.

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), page 362.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Ankle & Foot chapter.

The Physician Reviewer's decision rationale:

The California MTUS and ACOEM guidelines do not address office visits or specialist office visits. Per the Official Disability Guidelines (ODG), evaluation and management through outpatient visits plays a critical role in the proper diagnosis and return to function of an injured worker. The ODG further states that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment". The clinical documentation submitted for review indicated the patient had a hammertoe; the toenail appeared to be completely off, and the foot was swollen. This would necessitate an office visits with a special in podiatric medicine. Given the above, the request is certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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