

Case Number:	CM14-0142749		
Date Assigned:	09/10/2014	Date of Injury:	06/21/2012
Decision Date:	10/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male with date of injury of 06/21/2012. The listed diagnoses per [REDACTED] from 07/31/2014 are: 1. Left foot sesamoid stress fracture. 2. Left foot status post lateral sesamoidectomy with [REDACTED] from 01/31/2014. 3. Left foot bipartite medial sesamoid versus less likely fracture; there is a small joint effusion involving the first metatarsophalangeal joint consistent with synovitis per MRI 01/10/2013. According to this report, the patient feels his condition has not improved since his last visit. He complains of constant left foot pain. There is numbness, tingling, burning, and swelling. The pain is increased with prolonged walking. The patient also complains of right foot pain along the medial arch. Examination of the left foot reveals tenderness to palpation over the dorsal surgical scar between the second and third metatarsals, dorsal great toe, and plantar aspect proximal left great toe. Decreased sensation was noted on the left great toe. Stiffness noted on the left lateral foot. The patient ambulates with an antalgic gait slightly to the left. The utilization review deemed the request on 08/19/2014 as not medically necessary.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with bilateral foot pain. The physician is requesting 12 physical therapy visits. The patient's left foot surgery is from 01/31/2014, and post-surgical guidelines do not apply. For physical medicine outside post-surgical guidelines, MTUS page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 68 pages of records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient has received a course of postoperative therapy; however, documentation demonstrating objective functional improvement was not noted. In this case, the requested 12 sessions when combined with the previous completed post-surgical PT would exceed MTUS Guidelines. The patient should be able to transition into a self-directed home exercise program to improve range of motion and strength. The request is not medically necessary.