

Case Number:	CM13-0010728		
Date Assigned:	03/03/2014	Date of Injury:	03/06/2012
Decision Date:	04/30/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/13/2013

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 Occupational Medicine 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 47 year old male who was injured on 03/06/2012. The mechanism of injury is unknown. Prior treatment history has included open reduction internal fixation initially performed on 12/07/2012. On 03/05/2013 the patient underwent left midfoot hardware removal including 3 plates and 6 screws. Treatment note dated 09/19/2013 (visit #9) noted no changes in the measured tasks since the initial evaluation on 08/07/2013. Treatment noted dated 08/12/2013 documented the patient stating his foot is feeling about the same. He continues to complain of lack of big toe motion, however knows that it will not prevent him from performing his everyday activities or work activities. The following measures were the same as the initial visit on 04/02/2013 and 09/13/2013 and in the first 18 visits the following measures were noted as improved: Standing symptoms, walking long symptoms, driving in automobile, pain (at rest), pain (at worst), pain (with movement) AROM (1st MTP extension), accessory mobility (talocrural, talonavicular, metatarsophalangeal, dorsiflexion) and strength (ankle dorsiflexion). In the 18 visits, the following measures were noted as improved: 04/28/2013, 08/12/2013 talocrural dorsiflexion 8 degrees 10 degrees AROM ankle plantar flexion 40 degrees 50 degrees Ankle plantar flexion 2+/5 strength 4+/5 strength Ankle/foot inversion in plantar flexion 4/5 strength, 4+/5 strength Ankle/foot eversion 4/5 4+/5 strength LEFS score 38 score 54
Assessment: The patient's ankle strength and range of motion has improved. He does not present with any tenderness over ankle during ATM but does have mild restrictions in 1st MTP flexion. He is able to complete all exercises without any increase in ankle pain. Functional goal: 1st MTP does not prevent him from walking for 2 hours. Goal is met for prolonged sitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) 8 WEEKS: 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 Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: According to the medical records, the treatment note dated 09/19/2013 (visit #9), noted no changes in the measured tasks since the initial evaluation on 08/07/2013. The treatment note dated 08/12/2013 documented the patient stated his foot was feeling about the same. The patient has already completed more than 18 PT sessions since undergoing hardware removal from the left midfoot. The patient has plateaued with supervised PT. According to the CA MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. At this point, it is reasonable that the patient should be well versed in an independent home exercise program, which could be equally efficacious, to maintain functional gains. Consequently, the medical necessity of physical therapy has not been established, recommendation is to non-certify the request. Also recommend modification of request to 3 additional visits (for a total of 21 visits) to allow for transition for home based exercise program.