

Case Number:	CM13-0011296		
Date Assigned:	09/20/2013	Date of Injury:	06/01/2011
Decision Date:	01/16/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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 Internal Medicine, has a subspecialty in Pulmonary 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.

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 73-year-old male who reported an injury on 6/1/11. The patient was recently seen by [REDACTED] on 8/8/13. The physical examination revealed a trigger point to the right foot and an antalgic gait. The patient is diagnosed with crushing injury of the foot and crushing injury of the ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient physical therapy three times a week for three weeks for the right foot and ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The Official

Disability Guidelines state medical treatment for a crushing injury of the ankle and foot includes 12 visits over 12 weeks. As per the clinical notes submitted, the patient has been previously treated with 32 sessions of physical therapy. The patient continues to report persistent pain, and continues to demonstrate trigger points and an antalgic gait. Documentation of a significant functional improvement or exceptional factors was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate.

Consultation with a foot specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Office Visits.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with a line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines state 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. As per the clinical notes submitted, the patient recently underwent a full orthopedic evaluation of the right foot. The medical rationale for the consultation with a foot specialist in this case was not provided. Therefore, the request is non-certified