

Case Number:	CM13-0018340		
Date Assigned:	10/11/2013	Date of Injury:	05/23/2013
Decision Date:	01/06/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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 in Preventative Medicine and 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 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 applicant is a represented [REDACTED] employee who has filed a claim for broken right foot apparently sustained in an industrial contusion injury of May 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; x-rays of the injured foot, apparently notable for fracture; transfer of care to and from various providers in various specialties; apparent diagnosis with deep venous thrombosis (DVT); unspecified amounts of physical therapy over the life of the claim; unspecified amounts of work hardening over the life of the claim; a cane; ultrasound of the lower extremity of August 16, 2013, notable for extensive deep venous thrombosis; and extensive periods of time off of work. In a utilization review report of August 9, 2013, the claims administrator certified the request for an ultrasound of the lower extremity, non-certified a request for physical therapy, and certified a prescription for tramadol. The utilization review report states, somewhat incongruously, in one section that six conservative physical therapy sessions are indicated and states, in another section of report, that the request should be non-certified owing to lack of guidelines support. The applicant later appealed, on August 28, 2013. An earlier progress note of August 15, 2013 is notable for comments that the applicant has demonstrated improvement with prior therapy. The applicant's range of motion has improved, it is stated. Despite the improvement, the applicant is nevertheless placed off of work, on total temporary disability. It does appear that previous physical therapy was ordered on progress notes of July 3, 2013 and August 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) conservative therapy sessions to the right ankle to include electrical muscle stimulation, cold paks and myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369 and 371.

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

Decision rationale: The information on file seemingly suggests that the applicant had had at least 12 additional sessions of physical therapy prior to this request, slightly in excess of the 9-10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. There was no clear evidence of functional improvement effected through prior physical therapy. The applicant failed to return to any form of work. There is no evidence of progressively diminishing work restrictions present from visit to visit, which might have established the presence of functional improvement. The applicant continued to use various analgesic and anticoagulant medications, it was further noted. The applicant later went on to pursue work hardening. All the above, taken together, imply a lack of reduction in dependence on medical treatment and also imply a lack of reduction in work restrictions which might help to establish the presence of functional improvement with prior therapy. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review, owing to lack of functional improvement after having completed at least 12 prior sessions of therapy.