

Case Number:	CM13-0022744		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2010
Decision Date:	02/19/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 Occupational Medicine and is licensed to practice in Massachusetts. 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:

Claimant is a 56 year old female with a date of injury of 6/26/2010. Per progress note dated 8/29/2013, the claimant has hammertoe deformity, toes 3 and 4, with ankle foot pain with skin contracture. A request for arthrodesis with exploratory arthroscopy of the interspaces of the left foot has been denied. On exam she has an antalgic gait and is using a walker for ambulation. She has full foot strike. She has pain and numbness at toes 3 and 4. She has a positive hammertoe deformity of toes 3 and 4 on the left foot via the clicking and push test. She has zero range of motion with flexion and extension of toes 3 and 4. Muscle strength and range of motion is limited due to weakness and tenderness of the left foot, ankle and leg. Diagnoses include: 1) Ankle/foot pain. 2) Hammertoe deformity of toes 3 and 4. Treatment plan includes: 1) Continue physical therapy and possible increase the frequency due to no improvement. 2) Arthrodesis of toes 3 and 4 of the left foot with a V-Y Skin Plasty 3) Follow up in 4 weeks

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 6 weeks for ankle/foot pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), physical medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)". Since the claimant's injury in June 2010, she has had an unreported number of physical therapy sessions. The provider does state that her physical therapy has not provided any improvement. Physical therapy should have a decreasing frequency instead of an increasing frequency because as the patient is receiving therapy they are learning how to implement a home therapy program. With home therapy the patient becomes less dependent on the therapist, and therapy sessions decrease in frequency until additional therapy sessions are no longer needed. The provider states that there is no improvement from therapy, so it is not likely that increasing, or providing additional therapy sessions would provide any improvement. "Improvement" would indicate a reduction in symptom severity and the observation of increased function, neither of which have been documented in the clinical notes provided for review