

Case Number:	CM13-0033563		
Date Assigned:	01/15/2014	Date of Injury:	11/12/2012
Decision Date:	04/22/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Internal Medicine and is licensed to practice in New York. 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 58 year old male with a date of injury on 11/12/2012. He had a meat pallet crush injury to his right foot. On 03/12/2013, X-ray of the right ankle was negative. MRI of the right ankle/ foot on 08/08/2013 revealed tenosynovitis and osteoarthritis. The patient has right ankle pain that radiates to his right leg. It's worse with weight bearing. He had 16 right ankle/right foot physical therapy visits but this did not start until 8 months after the injury. On 08/21/2013, the patient had 3+ spasm and tenderness of the right lateral malleolus, right navicular and metatarsus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle THREE TIMES A WEEK FOR TWO WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle/Foot Crush Injuries (2014).

Decision rationale: The patient had a crush injury to his right ankle/foot and has already received 16 physical therapy visits. The MTUS/ACOEM Guidelines, Chapter 14 provides for a few physical therapy visits for instruction in a home exercise program as long as there are no red flag signs. The Official Disability Guidelines ODG 2014 Ankle and Foot Crush Injuries provides for a maximum of 12 physical therapy visits over 2 weeks. Also the MTUS Chronic Pain Medical Treatment Guidelines, state that the maximum allowed physical therapy visits is 10. Based on the medical records provided for review, the patient has already completed 16 physical therapy visits, additional physical therapy would not be consistent with MTUS or ODG Guidelines. By this point in time the patient should have been transitioned to a home exercise program and there Final Determination Letter for IMR Case Number CM13-0033563 4 is no documentation that continued formal physical therapy is superior to a home exercise program. The request for physical therapy for the right ankle three times a week for two weeks is not medically necessary and appropriate.