

Case Number:	CM13-0036367		
Date Assigned:	12/13/2013	Date of Injury:	11/25/2011
Decision Date:	09/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 24-year-old female who reported an injury on 11/25/2011 while at work, was struck on the foot by a vehicle in the parking lot. The injured worker had a history of left foot and ankle pain. The diagnoses included peritoneal tendinosis of the left ankle, and pain to the left foot and ankle. The MRI dated 05/14/2013 of the left foot revealed soft tissue edema along the dorsal medial aspect of the foot without underlying bone marrow edema or fracture. No past surgeries. The past treatments included foot soaks, medication, work modification, rest, physical therapy, and a CAM walker boot. The physical examination dated 07/15/2013 revealed negative Tinel's sign, pain on palpation and manipulation of the left foot and ankle of lateral aspect and pain upon palpation at the Achilles tendon insert along the course of the peroneal tendons. Strength was noted at 5/5 in all muscle groups on the left foot and ankle. The medication included Orudis 75 mg. No VAS provided. The treatment plan included a lace up ankle brace, physical therapy, prescription for naproxen 550 mg, and followup in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL THERAPY FOR ACTIVE RANGE OF MOTION AND PASSIVE RANGE OF MOTION (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

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

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

Decision rationale: The California MTUS indicates that physical medicine is recommended as is indicated below. Passive therapy 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 the swelling, pain and the inflammation during the rehabilitation process. The active therapy is based on the philosophy that therapeutic exercise and/or activities are beneficial for restoring the flexibility, strength, endurance, function, range of motion and alleviate discomfort. Active therapy requires the internal effort of the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider. Patients are instructed and expected to continue active therapies at home as an extension of the therapy process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance, and functional activities with assisting devices. It is recommended to have 8 to 10 visits over a 4 week period. Per the documentation provided, the injured worker had 21 visits of physical therapy. The guidelines indicate that therapy should be in the early stages of pain treatment. The reported injury was in 2011. The clinical note did not indicate the VAS or a measureable function. The injured worker should have been instructed on home exercise therapy. As such, the request is not medically necessary.