MAXIMUS Federal Services

Case Number:	CM13-0049580		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2008
Decision Date:	02/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and 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 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:

This 48 year-old male sustained a left foot/ankle injury on 1/10/08 while employed by [redacted]. Requests under consideration include a thin sliced left foot CT scan without contrast, physical therapy QTY: 12, and Voltaren gel 1% QTY: 12. The patient is s/p left medial foot arthrodesis with naviculo-cuneiform plate in 2011 for a navicular fracture of the left foot. Most recent post-op CT scan of left foot and left ankle without contrast including 3D reconstruction on 3/7/13 showed interval partial-thickness tearing and severe tendinosis versus postoperative change. This can be further evaluated with an MRI of the left midfoot as clinically indicated; multifocal mild to moderate osteoarthritis at navicular and cuneiform joints; and bone spurs. Report from [redacted] noted patient with pain over the lateral side of the left foot and 5th metatarsal bone at 7/10 level. Exam showed some swelling. A stress fracture is suspected; however, there is no recent x-ray. The above requests were non-certified on 11/5/13 citing guidelines criteria and lack of medical necessity. A follow-up report on 11/25/13 from [redacted] noted the patient had a CT scan in March. He is complaining of left foot pain and is doing his full duty. Exam showed tenderness along the lateral foot, 4th and 5th metatarsal area; mild swelling; well-healed scar medially with minimal tenderness. X-ray of the left foot (AP, lateral, and oblique) done on visit of 11/25/13 showed left cuneiform metatarsal plate in place; No fractures were evident; alignment is good. Plan for Voltaren gel, Celestone steroid injection at lateral left cuboid metatarsal joint and modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thin sliced left foot CT scan without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot, Computerized Tomography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: This 48 year-old male sustained a left foot/ankle injury on 1/10/08 while employed by [redacted]. The patient is s/p left medial foot arthrodesis with naviculo-cuneiform plate in 2011 for a navicular fracture of the left foot. Most recent post-op CT scan of left foot and left ankle without contrast including 3D reconstruction on 3/7/13 showed interval partial-thickness tearing and severe tendinosis versus postoperative change. This can be further evaluated with an MRI of the left mid-foot as clinically indicated; multifocal mild to moderate osteoarthritis at navicular and cuneiform joints; and bone spurs. Report from [redacted] noted patient with pain over the lateral side of the left foot and 5th metatarsal bone at 7/10 level. Exam showed some swelling. A stress fracture is suspected; however, there is no recent x-ray. The request for CT scan was non-certified on 11/5/13. A follow-up report on 11/25/13 from [redacted] noted the patient complaining of left foot pain and is doing his full duty. X-ray of the left foot (AP, lateral, and oblique) done on visit of 11/25/13 showed left cuneiform metatarsal plate in place; No fractures were evident; alignment is good. There was no treatment plan for CT scan. Submitted reports have not demonstrated support for guidelines criteria. The thin sliced left foot CT scan without contrast is not medically necessary and appropriate.

Physical therapy QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (2009) Page(s): 98-99.

Decision rationale: This 48 year-old male sustained a left foot/ankle injury on 1/10/08 while employed by the [redacted]. The patient is s/p left medial foot arthrodesis with naviculo-cuneiform plate in 2011 for a navicular fracture of the left foot. Report from [redacted] noted patient with pain over the lateral side of the left foot and 5th metatarsal bone at 7/10 level. Exam showed some swelling. A stress fracture is suspected with PT for 12 sessions. Therapy was partially-certified for 9 sessions on 11/5/13. A follow-up report on 11/25/13 from [redacted] noted the patient complaining of left foot pain and is doing his full duty. X-ray of the left foot (AP, lateral, and oblique) done on visit of 11/25/13 showed left cuneiform metatarsal plate in place; No fractures were evident; alignment is good. Plan was for Voltaren gel, cortisone injection and modified duty without mention of functional improvement from therapy rendered. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the

complexity and sophistication of the therapy and the physical condition of the patient. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received some previous therapy sessions reports and current request is for additional PT conditional upon her flare-ups which have not occurred. [redacted] noted on requesting report of 8/6/13, "She has continued to remain consistent with her home exercise program and feels as though she is gradually getting stronger." Submitted reports have not adequately demonstrated the indication to support further physical therapy. The physical therapy QTY: 12 is not medically necessary and appropriate.

Voltaren gel 1% QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in January 2008. The patient was recently partially-certified for quantity of 6; however, there is no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient. The Voltaren gel 1% QTY: 12 is not medically necessary and appropriate.