MAXIMUS Federal Services

Case Number:	CM14-0001623		
Date Assigned:	01/22/2014	Date of Injury:	07/12/2013
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who injured her right foot on 7/12/13 after slipping and twisting her right ankle and foot. That same day, she was seen by her treating physician who reported the worker complaining of severe pain in her right foot and ankle and that was worse with weight bearing. On examination, her treating physician reported right foot and ankel swelling and ecchymosis (bruising) diffusely greatest over lateral malleus and lateral dorsal foot Final Determination Letter for IMR Case Number [redacted] and severe pain with light touch, greatest over lateral malleolus and base of 5th metatarsal. She was diagnosed with a closed fracture of her 5th metatarsal of her right foot, an avulsion fracture off the distal lateral malleolus, sprain/strain of right ankle and foot and was given a boot (walking non-pneumatic) and referred to an orthopedic specialist. She was also prescribed Norco. She was casted and was recommended she not have any weight on the right foot. She wore the cast on her right foot for 2 months, afterwhich she was recommended physical therapy for 8 sessions over 4 weeks on 9/18/13. After these physical therapy sessions the therapist reported her improving her range of motion and strength and exhibiting more tolerance for weight bearing, including walking, but still had intermittent pain making it difficult to go down stairs. Another 8 sessions of physical therapy were ordered on 10/21/13 by her treating physician. During this second course of therapy, she was able to see improvements with her right foot and ankle, but her right knee started to become painful making exercises difficult, but was educated with her home exercises and advised to do home exercises to continue her therapy on 12/4/13. Another 4 sessions were prescribed by her treating physician on12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 2 WEEKS FOR THE RIGHT FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Ankle and Foot Complaints ACOEM Guidelines state that for foot injuries, passive range-of-motion exercises done at home are recommended. Supervised physical therapy may be recommended if the patient needs special instructions on how to perform home exercises with the correct technique, however no minimum or maximum duration was suggested in the ACOEM. However, the MTUS does not recommend any supervised therapy or home exercises in cases of fractures, acute dislocations, or infections. Also massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms. For chronic pain related to prior injuries of the foot or ankle, the MTUS Chronic Pain Guidelines state that it is expected that the patient continue active therapies at home as an extention of the short duration of passive and active supervised physical therapy, with the limit of up to 10 supervised visits over 8 weeks for myalgia and myositis. In the case of this worker for her right ankle/foot sprain and fracture (post-immobilization), she was recommended her home exercises after a total of 16 supervised physical therapy sessions, which is already beyond the recommended duration. Home exercises are recommended in this situation rather than continuing supervised therapy, and therefore the physical therapy 2 times per week for 2 weeks for right foot is not medically necessary.