

Case Number:	CM14-0005244		
Date Assigned:	01/24/2014	Date of Injury:	04/07/2007
Decision Date:	10/01/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/14/2014

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 Internal Medicine 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 46 year old male who reportedly suffered an industrial injury on 4/7/2007. His principal diagnoses include osteoarthritis of the knees and ankles. He has undergone cervical spine surgery in 2011 and bilateral knee arthroscopies which included partial meniscectomy along with removal of loose bodies and chondroplasty. He has completed a total of 21 sessions of physical therapy since the arthroscopies in 4/2012. On 8/29/2013, the patient was seen in a Qualified Medical Examination (QME) that reported subjectively complaints of knee pain bilaterally and intermittent foot pain between the great toe and second toe on the left side. He had an antalgic gait, partial squat and tenderness over the joint lines with decreased range of motion. On foot examination, bilateral pes planus was evident, along with tenderness on palpation of the arch of the foot. The patient was subsequently seen by the primary treating provider on 11/27/2013, complaining of bilateral knee pain and left foot pain between the first and second metatarsals, numbness of the great toe and was noted to have swelling between the first and second metatarsal on the plantar surface of the foot. His diagnosis was anterior tarsal tunnel syndrome and a foot orthotic was requested for the same. Physical therapy was requested, two sessions for three weeks for the knees bilaterally and the left foot. He has not previously received physical therapy for the left foot and the last session of physical therapy for the knee was in 2013, in the context of post-operative treatment.

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 3 Weeks for the Bilateral Knee and Left Foot:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section - Ankle and Foot (Acute and Chronic), Topic - Physical Therapy

Decision rationale: The injured worker has never received physical therapy for his foot, which is a new problem as of 8/2013. He has metatarsalgia with anterior tarsal tunnel syndrome with pain and tenderness between the first and second metatarsals along with numbness of the great toe. The patient is receiving other treatments including an orthotic for the treatment of this syndrome. Further, his knee pain was treated last with physical therapy (PT) in the early part of 2013 with three sessions of physical therapy. Previous physical therapy was in 2012. As such, for re-education of the patient in performance of a home physical therapy program, and to support treatment of the tarsal tunnel syndrome, two sessions of physical therapy every week for three weeks as a trial is supported. It must be documented that the physical therapy is being useful and helping the patient improve function for it to justify continuation. Therefore, this request is medically necessary.

Custom Left Foot Orthotic: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary, Ankle & Foot, Orthotic Devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section - Ankle and Foot (Acute and Chronic), Topic - Orthotic Devices

Decision rationale: The injured worker has metatarsalgia due to anterior tarsal tunnel syndrome. As such, an orthotic is supported by guidelines. Although pre-fabricated orthotics is recommended in the acute phase, the patient's symptoms have been going on for three months and a semi-rigid custom orthotic is better in the long run (see the reference cited). Therefore, the request for orthotic, custom, for the foot in the treatment of metatarsalgia and anterior tarsal syndrome is medically necessary.