

Case Number:	CM14-0124277		
Date Assigned:	08/08/2014	Date of Injury:	07/23/2010
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 60-year-old male who reported an injury on 07/23/2010. The mechanism of injury was not indicated within the provided documentation. The injured worker was diagnosed with ankle tenosynovitis, ankle sprain/ruptures, lumbar sprain/strain, lumbar IVD syndrome, and plantar fasciitis. The injured worker was noted as having 8 sessions of physical therapy after his surgery. On 07/23/2010 the injured worker received an x-ray of the left ankle, an MRI of the lumbar spine was performed on 12/30/2013, an MRI of the knee was performed on 12/30/2013, and a left knee x-ray was performed on 12/30/2013. The injured worker underwent left foot surgery in 08/2011 and on 08/24/2012 the injured worker underwent partial medial meniscectomy, partial synovectomy, chondral shaving, lysis of suprapatellar adhesions and plica, and partial synovectomy to the left knee. The injured worker had consulted with a podiatrist on 07/03/2014; he was examined and it was determined that his foot pain was due to loss in tibial tendon strength due to surgery. The physician advised home care and the use of orthotics for the injured worker. Patient teaching on at home therapy was given. The injured worker reported to his physician on 07/22/2014 noting frequent moderate left heel pain, difficulty walking, frequent moderate left heel pain, and difficulty walking. The injured worker's symptoms were progressively worsening. The physician noted grade 4/4 tenderness of the left inferior calcaneus and along plantar fascia over the left foot. There were tight bands of fascia palpated. Collapses were noted at the left arch on weight bearing. The physician was requesting 6 treatments to help his condition. The injured worker's medication regimen included Zofran, Ultram, Prilosec, and Norco. The physician recommended the injured worker continue with medications and attend manipulation and physical medicine examinations for a total of 6 visits. The rationale is to alleviate pain and improve his condition. The Request for Authorization Form was signed on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation and physical medicine examinations x6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION; PHYSICAL MEDICINE Page(s): 58-59; 98-99.

Decision rationale: The request for manipulation and physical medicine examinations times 6 visits is not medically necessary. The California MTUS Guidelines for Manual Therapy and Manipulation recommends this modality for chronic pain if caused by musculoskeletal conditions. The guidelines do not recommend this treatment for the ankle and foot. The guidelines for physical medicine recommends this course as indicated by allowing for fading of treatment frequency from up to 3 visits per week to 1 or less along with active self-directed home physical medicine. The therapy sessions recommend 9 to 10 visits over 8 weeks. The physician notes the injured worker has received 8 visits for physical medicine. The request for an additional 6 visits would exceed the guideline recommendations. There is a lack of documentation indicating the injured worker has made significant objective functional improvement with the therapy. Additionally, the request does not indicate the site at which the therapy is to be performed in order to determine the necessity of the medication. As such, the request is not medically necessary.