

Case Number:	CM14-0138161		
Date Assigned:	09/05/2014	Date of Injury:	07/12/2012
Decision Date:	10/02/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 25-year-old female with a 7/12/12 date of injury and status post right foot flexor hallucis tendon repair with tenolysis on 4/14/14. At the time (8/19/14) of request for authorization for continue outpatient physical therapy (PT) two times a week over three weeks and functional foot orthotic casting, there is documentation of subjective (improved strength and range of motion; improvement in range of motion at MPJ, and IPJ with stiffness and decreased motion) and objective (loss of sensation along the distal tip of hallux, dorso-medial hallux and distal to dorsal proximal scar) findings, current diagnoses (laceration, abnormality of gait, scar condition and fibrosis of skin, and hallux rigidus), and treatment to date (right foot flexor hallucis tendon repair with tenolysis; 11 sessions of postoperative physical therapy with improved right-sided first MPJ range of motion and decreased swelling and stiffness; and medications). In addition, medical report identifies a request for custom foot orthotics to improve first ray plantar flexion. Furthermore, medical reports identify that a pair of prefabricated orthotics was previously authorized on 6/4/14. Regarding functional foot orthotic casting, there is no documentation of plantar fasciitis or metatarsalgia; loss, irreparable damage or wear, or a change in the patient's condition subject to provision with use of previous orthotics; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of orthotics use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue outpatient physical therapy (PT) two time a week over three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 3 months and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of laceration, abnormality of gait, scar condition and fibrosis of skin, and hallux rigidus. In addition, there is documentation of status post right foot flexor hallucis tendon repair with tenolysis on 4/14/14 and previous post-operative physical therapy sessions. Furthermore, given documentation of improved right-sided first MPJ range of motion and decreased swelling and stiffness with physical therapy, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, the number of postoperative physical therapy sessions completed to date (11) exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for continue outpatient physical therapy (PT) two times a week over three weeks is not medically necessary.

Functional foot orthotic casting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Claims Processing Manual Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf>)

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of custom foot orthotics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical

Treatment Guideline identifies documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision, as criteria necessary to support the medical necessity of replacement of durable medical equipments. Within the medical information available for review, there is documentation of diagnoses of laceration, abnormality of gait, scar condition and fibrosis of skin, and hallux rigidus. In addition, there is documentation that a pair of prefabricated orthotics was previously authorized on 6/4/14. However, there is no documentation of plantar fasciitis or metatarsalgia. In addition, there is no documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision with use of previous orthotics. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of orthotics use to date. Therefore, based on guidelines and a review of the evidence, the request for functional foot orthotic casting is not medically necessary.