MAXIMUS Federal Services

Case Number:	CM14-0150226		
Date Assigned:	09/18/2014	Date of Injury:	10/25/2013
Decision Date:	10/22/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 29 year old male who was injured on 10/25/2013 while he was directing traffic when a car drove over his left foot. Prior treatment history has included Tylenol as needed for pain and 6 sessions of physical therapy which provided temporary relief. Initial ortho evaluation dated 07/02/2014 states the patient complained of constant aching in the left foot, toes traveling to his ankle. He reported the pain worsens with prolonged standing and walking and his medication offers him temporary relief. On exam, no tenderness was noted over the plantar fascia. Tinel's sign was negative and sensation was intact. He did have tenderness noted in the dorsal aspect of the left midfoot. He is diagnosed with left foot residual pain following a crush injury. The patient was recommended for 12 physiotherapy sessions for the left foot. A prior utilization review dated 09/02/2014 states the request for 12 Physiotherapy for the left foot is denied. Guideline recommends up to 9 visits and the request exceeds guideline recommendations; therefore, the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physiotherapy for the left foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition Chapter: Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) current online as of 10/2014,

Decision rationale: The above ODG guidelines for physical therapy of ankle and foot state for "crushing injury of ankle/foot: medical treatment: 12 visits." In this case, note from 7/2/14 states "He had six sessions of physical therapy to his left foot and toes, providing him temporary pain relief." The request is for an additional 12 PT visits for a total of 18 sessions. Because 18 sessions is 6 more than recommended, but 6 sessions is 6 less than recommended, In this case I will lean on the side of having more care for the patient regarding physical therapy visits. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.