MAXIMUS Federal Services

Case Number:	CM14-0031895		
Date Assigned:	06/20/2014	Date of Injury:	08/03/2012
Decision Date:	08/13/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain Medicine 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 49-year-old female who reported injury on 08/03/2012. The mechanism of injury was a wood shelf landed on the back of her right foot. The injured worker underwent 2 surgical procedures on her foot in 2013. The second procedure was a tarsometatarsal joint arthrodesis on 09/24/2013. Prior treatments included 8 postoperative physical therapy visits. The documentation of 02/10/2014 revealed the injured worker had right foot pain and swelling. The injured worker stated that prolonged standing and walking created pain and swelling and limited her availability to stand and walk. The physical examination revealed the injured worker had an antalgic gait and was unable to heel or toe walk. There was a significant late mid stance pronation. Muscle strength was 5/5 bilaterally. The metatarsophalangeal joint range of motion was full to both feet without limitation or restriction. The injured worker had a negative anterior drawer to the bilateral feet and ankles. The right calf circumference was 1 cm diminished compared to the left. The right mid foot was swollen by a half centimeter compared to the left. Light touch sensation was intact to the bilateral feet and ankle. The position was unable to elicit a Tinel's to the tibial, peroneal or sural nerves. The injured worker underwent x-rays which revealed the hardware was in its proper position and there did not appear to be a nonunion. The diagnoses was localized primary osteoarthritis of the ankle. The treatment plan included a CT scan and a psychiatric evaluation. The subsequent documentation of 03/03/2014 revealed the injured worker had persistent tenderness to palpation to the right second metatarsal. The treatment plan included the injured worker was to wear her compression hose while performing her home exercise program. Additionally, it was recommended the injured worker have additional physical therapy program including work hardening to allow the injured worker to

stand and walk for greater distances. The recommendation was 2 times a week x4 weeks for work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X WK X3 WKS FOR THE RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS guidelines indicate that postoperative treatment for an arthroplasty and fusion is 21 visits over 16 weeks. The clinical documentation submitted for review failed to indicate the quantity of sessions that had previously been attended by the injured worker. There was lack of documentation of the injured worker's response to the prior physical therapy. Given the above, the request for additional physical therapy 2 times a week x3 weeks for the right ankle is not medically necessary.