

Case Number:	CM14-0034739		
Date Assigned:	06/20/2014	Date of Injury:	12/05/2008
Decision Date:	08/12/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 35-year-old male who reported an injury on 12/05/2008 due to a forklift crashing onto his right foot. The injured worker complained of pain on the plantar aspect of the 4th and 5th metatarsal heads and rated the pain at 4/10. The examination dated 03/28/2013 indicated the injured worker had some mild pain with forefoot compression, and medial compression. The injured worker's diagnoses were status post right foot crush injury and vague intermittent generally mild to moderate myofascial pain, and neuroma right superficial peroneal nerve, mild stranding of the subcutaneous tissue over the lateral forefoot; deformity of the right first distal phalanx bilaterally, a small Achilles tendon enthesophyte and mild pes planus. The injured worker's medications were Advil, Alavert, Nortriptyline, propranolol, and alprazolam. The past diagnostics was x-ray dated 01/23/2009, lateral foot, and 12/07/2009. These implicate fracture at the fifth metatarsal neck region. The injured worker also had an electromyography performed which revealed no evidence of active conduction or denervation in the right lower extremity, as well as no evidence of entrapment neuropathy for peripheral polyneuropathy, or lumbar radiculopathy. The injured worker recently underwent a right 5th metatarsal osteotomy, open reduction and internal fixation of the 5th metatarsal on 08/05/2013. The injured worker's past treatments included physical therapy, a nerve injection which helped about 20%, casting, rest, ice and bracing. The treatment plan was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 14.

Decision rationale: The request for physical therapy Qty: 12.00 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines states that postsurgical physical medicine period means the time frame that is needed for postsurgical treatment and rehabilitation services. The injured worker has an open reduction and internal fixation on 08/05/2013. The guidelines recommend up to 21 sessions of physical therapy following surgery for a metatarsal fracture and further indicate the initial course of post-operative therapy is one half of the recommended number. The injured worker has not participated in a postoperative physical therapy program after this surgery according to documentation that was submitted for review. Although an initial course of therapy would be supported, the request exceeds the guidelines postsurgical physical medicine treatment time frame of six months as well as the initial course of post-operative therapy which is 10 sessions. In addition, the request does not include the frequency or the body location for the proposed physical therapy. As such, the request is not medically necessary.

Physical therapy : Each 15 min QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 14.

Decision rationale: The request for physical therapy each 15 minutes Qty: 12.00 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines states that postsurgical physical medicine period means the time frame that is needed for postsurgical treatment and rehabilitation services. The injured worker has an open reduction and internal fixation on 08/05/2013. The guidelines recommend up to 21 sessions of physical therapy following surgery for a metatarsal fracture and further indicate the initial course of post-operative therapy is one half of the recommended number. The injured worker has not participated in a postoperative physical therapy program after this surgery according to documentation that was submitted for review. Although an initial course of therapy would be supported, the request exceeds the guidelines postsurgical physical medicine treatment time frame of six months as well as the initial course of post-operative therapy which is 10 sessions. In addition, the request does not include the frequency or the body location for the proposed physical therapy. As such, the request is not medically necessary.

Physical therapy : Manuel therapy techniques QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The request for physical therapy, manual therapy techniques QTY: 12.00 is not medically necessary. The CA MTUS Guidelines recommend manual therapy and manipulation for chronic pain. The injured worker has a clinical history of metatarsal fracture and does not have clinical documentation of chiropractic care; however, guidelines do not support manual therapy for the ankle and foot. Furthermore, the request does not include body location for this request. Guidelines indicate the time to produce effect is 4 to 6 treatments and the current request is for 12 sessions which exceeds guideline recommendations. Given the above, the request is not medically necessary.

Physical therapy : Application of a Modality QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 14.

Decision rationale: The request for physical therapy, application of a modality Qty: 12.00 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate passive therapy can provide short-term relief during early phases of pain treatment controlling symptoms such as pain and can help control swelling, pain, and inflammation during the rehabilitation process. The guidelines recommend up to 21 sessions of physical therapy following surgery for a metatarsal fracture and further indicate the initial course of post-operative therapy is one half of the recommended number. The injured worker has not participated in a postoperative physical therapy program after this surgery according to documentation that was submitted for review. Although an initial course of therapy would be supported, the request exceeds the guidelines postsurgical physical medicine treatment time frame of six months as well as the initial course of post-operative therapy which is 10 sessions. In addition, the request does not include the frequency or the body location for the proposed physical therapy. The injured worker had been complaining of pain to the right foot; however, there was no clinical notations documented subjectively or objectively of functional deficits. Furthermore, it is unclear of what application of modality is being requested. As such, the request for physical therapy, application of a modality QTY: 12.00, is not medically necessary.

Physical therapy : Electrical stimulation QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent electrical stimulation (MENS devices) Page(s): 120.

Decision rationale: The request for physical therapy electrical stimulation Qty: 12.00 is not medically necessary. California Medical Treatment Utilization Schedule Guidelines states that microcurrent electrical stimulation is not recommended. The injured worker has an open

reduction and internal fixation on 08/05/2013. The injured worker has not participated in a postoperative physical therapy program after this surgery according to documentation that was submitted for review. Although an initial trial of post-operative therapy would be supported, the primary request for 12 sessions is not supported and therefore, the associated request for electrical stimulation would not be supported. In addition the request does not include the frequency or the body location for the proposed physical therapy. As such, the request is not medically necessary.