

Case Number:	CM14-0034788		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2006
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
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 and is licensed to practice in Minnesota. 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 31-year-old male with a reported date of injury of June 5, 2006. The mechanism of injury reportedly occurred while performing his duties in after school care. The injured worker presented with right foot and ankle pain. Upon physical examination, the physician indicated there was palpable tenderness on the posterior tibular area of the tarsal tunnel region. The clinical information provided indicated the injured worker previously participated in physical therapy as well as medication management, the results of which were not provided for review. The injured worker rated his pain at 5/10. The injured worker underwent a post right lumbar sympathetic block on May 6, 2014 with 80% relief in the right lower extremity. The physician indicated that the medication decreased by approximately 50%, functional ability increased by 50% with an increase in activity level and endurance. The injured worker returned on June 3, 2014 for an additional sympathetic block, the results of which were not provided within the documentation available for review. The Request for Authorization for 8 physical therapy sessions for the right foot, cortison injections up to 3 for the right foot/ankle, and purchase of custom molded orthotics was submitted on March 12, 2014. The physician indicated that the cortisone injections and strapping immobilization were requested to calm inflammation and nerve pain for the injured worker's right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy sessions for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, the guidelines recommend physical medicine for reflex sympathetic dystrophy (CRPS) at 24 visits of physical therapy over 16 weeks. According to the clinical documentation provided for review, the injured worker previously participated in physical therapy, the results of which were not provided within the documentation available. There is a lack of documentation related to the number of visits and the injured worker's functional deficits indicating an increase in functional ability related to the previous physical therapy. Therefore, the request for 8 physical therapy sessions for the right foot is not medically necessary.

Cortison Injections up to (3) for the right foot/ ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Injections (corticosteroid).

Decision rationale: The Official Disability Guidelines do not recommend corticosteroids for tendinitis or Morton's neuroma and do not recommended intra-articular corticosteroids. The guidelines do not recommend corticosteroid injections in the foot and ankle. Most evidence of the effectiveness of intra-articular corticosteroids is confined to the knees, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post-injection response as evidence is limited. The clinical documentation provided for review indicates the injured worker previously has undergone therapeutic injections, the results of which were not provided within the documentation available for review. In addition, the clinical information lacks documentation related to previous physical therapy and conservative care. The guidelines do not recommend corticosteroid injections in the foot and ankle. Therefore, the request for cortison injections up to 3 for the right foot/ankle is not medically necessary.

Purchase of Custom molded orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Ankle Foot Orthosis (AFO) & Bracing.

Decision rationale: The Official Disability Guidelines recommended ankle and foot orthosis as an option for foot drop. An ankle and foot orthosis is also used during surgical or neurological recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability during stance, and if necessary, push off stimulation during the leg stance phase. An AFO is helpful only if a foot can achieve plantigrade position when standing. AFOs are used when ankle and stability or spasticity is problematic, such as with injured workers with upper motor neuron disease or stroke. In addition, the guidelines do not recommend bracing in the absence of a clearly unstable joint. Functional treatment appears to be the favorable treatment for acute ankle sprains when compared with immobilization. Partial weight-bearing as tolerated is recommended. However, for injured workers with a clearly unstable joint, immobilization is necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. The clinical information provided for review lacks documentation related to the injured worker having an unstable joint in the ankle or foot. In addition, the injured worker is beyond the acute phase, with injury being June 5, 2006. The clinical information indicates the injured worker utilizes a boot, the increased functional or therapeutic benefit of the immobilization is not provided within the documentation. Furthermore, the request as submitted failed to provide a specific site at which the orthotics were to be utilized. Therefore, the request for purchase of custom molded orthotics is not medically necessary.