

Case Number:	CM14-0041154		
Date Assigned:	06/30/2014	Date of Injury:	01/30/2013
Decision Date:	07/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

This patient is a 46-year-old male with a date of injury of 1/30/13. The mechanism of injury was a fall off a two-story apartment complex, landing onto concrete. The patient underwent surgery for bilateral open-reduction and internal-fixation (ORIF). His postoperative course was complicated by infection. Postoperative physical therapy was initiated on 5/3/13. An orthopedic agreed medical examination (AME) was done on 1/22/14. The patient was diagnosed by the AME as being status post ORIF of bilateral comminuted calcaneal fractures and an L2 compression fracture. The AME noted that the patient was at maximum medical improvement. Future care included aqua therapy to build strength. The patient was seen in follow-up on 3/7/14. He was still reporting bilateral foot stiffness, but no pain at the arch. He has increased pain with walking after rest and first thing in the morning. Exam shows tenderness on palpation of the calcaneal tuberosity and plantar fasciitis test. Orthotics and physical therapy for massage are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation for physical therapy for bilateral feet deep tissue massage: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM guidelines state that massage had no scientifically proven efficacy in treating acute ankle or foot symptoms. The Official Disability Guidelines corroborate this recommendation and states that massage is not recommended. However, the Chronic Pain Medical Treatment Guidelines note that massage is recommended as an optional adjunct treatment to exercise, but at no more than 4-6 visits. In this case there are residual symptoms and stiffness following a catastrophic trauma. Exercise has been encouraged, and a request for additional physical therapy was denied. A request for one physical therapy session done in conjunction with exercise is reasonable for these chronic symptoms, and is within the MTUS recommendation of no more than 4-6. As such, the request is medically necessary.