

<b>Case Number:</b>	CM14-0060277		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 patient sustained an injury to her left foot September 16 of 2013. She was working her normal routine at the cash register when she became frightened by a tarantula. She turned and ran striking her left foot and ankle against a steel box. She was seen that day at an urgent care whereby left foot x-rays and left ankle x-rays reportedly showed no fractures. She was treated for a time conservatively with anti-inflammatories and heat and cold modalities. Subsequently she was discovered to have fractures of the second and fourth left metatarsals that being discovered by MRI scan. She was also found to have evidence of a sprained ankle and joint fusions of the left ankle. She was placed in a Cam Walker, physical therapy was instituted, and on March 12 of 2014 she was released to work without restrictions. An initial description of her job requirements was provided. The patient underwent what appears to be a total of 15 or 16 physical therapy treatments. She underwent two functional capacity evaluations, the first on March 25 of 2014 in the second on April 14, 2014. In summary, she appeared to meet the lifting requirements for her position but continue to have limitations with regard to prolonged walking or standing. In spite of this apparent conflict between her capabilities and job requirements, the patient continued to work without restrictions. A note from the treating provider on November 12, 2013 revealed normal range of motion examinations with regard to both ankles and a notation was made that the injured worker appear to have plateaued with regard to physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1 X 6 left foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Occupational disorders of the ankle and foot, Physical therapy for crush disorders of the lower limb topic.

**Decision rationale:** The injured worker had completed at least 15 sessions of physical therapy. She was thought to have plateaued by the treating physician with regard to her range of motion. The ODG guidelines for physical therapy allow for fading of treatment frequency from up to three visits per week to one or less plus self directed active home physical therapy. Specifically, for crush injuries of the lower limb, 12 visits over 12 weeks are what are allowable under the guidelines. Six additional physical therapy visits are medically unnecessary.

**ROM measurement during follow up visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Occupational disorders of the ankle and foot section, Office visits topic.

**Decision rationale:** Per the above mentioned guidelines, outpatient visits to offices of medical doctors play a critical role the proper diagnosis and returned function of an injured worker. The need for clinical office visit with a healthcare provider is individualized based upon a review the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. As it has been documented that the injured worker's range of motion had returned to normal, the need for additional range of motion measurements is medically unnecessary.

**Qualified functional capacity evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**Decision rationale:** Per the above referenced source, in order to determine work limitations is sometimes necessary to obtain a more precise delineation of patient capabilities that is available for routine clinical examination. Under some circumstances, this can be best done by ordering a functional capacity evaluation of the patient. In this instance the injured worker had two

functional capacity evaluations done, roughly 2 weeks apart. Essentially, she was found to be able to do most of the duties required by her job description with the exception of walking or standing for prolonged periods. There was improvement between the first and second evaluation. The patient had already returned to work without restrictions for at least three months prior to the first evaluation. The need for an additional functional capacity evaluation therefore is unnecessary.

**Work hardening screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline, Work Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening section Page(s): 125.

**Decision rationale:** Work conditioning or work hardening is recommended as an option, depending on availability of quality programs. Criteria for admission to a work hardening program include having a work-related musculoskeletal condition with functional limitations precluding ability to achieve current job demand safely which are in the medium or higher demand level, no further benefit from physical therapy, physical and medical recovery sufficient to allow for progressive reactivation, capability for participation for a minimum of four hours a day for 3 to 5 days a week, a defined return to work goal agreed to by the employer and employee, and the worker must be no more than two years past the date of injury. In this instance, the injured worker appears to meet all of the requirements. While she has returned to work without restrictions, she continues to struggle to meet the standing and walking requirements. A work conditioning program for 10 visits over eight weeks is therefore medically necessary.

**Psychosocial factors screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

**Decision rationale:** Psychological are generally accepted procedures to be used for selected and more general use in chronic pain populations. Diagnostic evaluations should establish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Because of the persistence of pain for this injured worker beyond normally expected time frames, a screen for psychosocial factors is medically necessary.