

<b>Case Number:</b>	CM14-0074924		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Nevada. 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 45-year-old male who was reportedly injured on July 3, 2013. The mechanism of injury was not listed in these records reviewed. The records reflect a fracture of the fifth metatarsal as reported. The most recent progress note dated May 28, 2014, indicated that there are ongoing complaints of pain (also noted was right knee, head, neck, bilateral shoulders, low back and bilateral hip pain). A physical examination was not reported. Diagnostic imaging studies were not reviewed. Previous treatment included a behavioral medicine consultation completed in June, 2014. A multidisciplinary pain management protocol has been completed, in addition to physical therapy, multiple medications, surgical treatment and other conservative interventions. A request was made for additional physical therapy and chiropractic care and was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy one time a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints Page(s): 98 and 99. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter, Pain, Suffering, and Restoration of Function Chapter page 114.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The multiple varied complaints and the lack of any current clinical assessment, there is insufficient data presented to support the need for additional physical therapy. It was not clear how much physical therapy has already been completed, and what the efficacy of this therapy was. Therefore, based on this insufficient clinical information, the medical necessity for this request has not been established.

**Chiropractic visits one time a week for six weeks for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** As outlined in the MTUS, chiropractic care for ankle foot injuries is not recommended. Furthermore, there was no narrative in the progress notes suggesting chiropractic care would be indicated in the postsurgical treatment of an ankle injury. Therefore, this request is not medically necessary.

**Home Health Care 8 hours/day for 7 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** This is a female who sustained a fracture of the metatarsal, underwent surgical repair as noted and had some complications. However, there was no clinical indication presented of the need for 8 hours of home medical care on a daily basis. As outlined in the MTUS, home health aides do not include homemaker services like cleaning and laundry or personal care. Therefore, this request is not medically necessary.