

Case Number:	CM14-0088182		
Date Assigned:	07/23/2014	Date of Injury:	11/08/2013
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 64 year old male who sustained an injury to his right ankle/foot on 11/08/13 while performing his usual and customary duties as a truck driver; his right foot became caught in a conveyor belt. The injured worker was transported to the company clinic where x-rays were performed, one injection was administered, his foot was cleaned, bandaged and the injured worker was provided with crutches. He returned to work with restriction of performing a sit down job, but the pain remained. In December of 2013, he went to the clinic where x-rays were obtained and a therapeutic boot was provided. The injured worker also underwent aqua therapy, nine exercise sessions, 12 physical therapy visits which he was discharged. The foot was so swollen that it was put on ice. MRI of the right ankle dated 01/21/14 revealed fractured foot. Physical examination noted tenderness to palpation of the right lateral malleolus and lateral aspect of the right dorsum and right calcaneus bone; range of motion dorsiflexion 15 degrees, plantar flexion 50 degrees, eversion 10 degrees, inversion 20 degrees; posterior drawer sign positive right, producing increased ankle pain; no neurological deficits; motor strength +4/5; deep tendon reflexes +2 bilaterally. The injured worker was recommended for additional physical therapy and chiropractic manipulation treatment to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x 4-6 weeks for the right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines; Colorado, 2001; Aldridge, 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Physical therapy (PT).

Decision rationale: The request for physiotherapy 2 x week x 4-6 weeks for the right ankle/foot is not medically necessary. Previous request was denied on the basis that before considering ongoing treatment for this injured worker, it would be necessary to clarify the extreme differences in the examination findings between the two treating physicians. Regardless, at this time, there would be no clinical rationale for continued physical therapy given that the injured worker already received 12 visits of treatment and should be well-versed in exercise program. There was no mention that a surgical intervention had been performed. The Official Disability Guidelines recommend up to 12 visits over 12 weeks with allowing for fading of treatment frequency from up to three visits a week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support exceeding the Official Disability Guidelines, either in frequency or duration. Given this, the request for physiotherapy 2 x week x 4-6 weeks for the right ankle/foot is not indicated as medically necessary.

Chiropractic 1x 4-6 weeks for the right ankle/ foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation: Chiropractic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle Chapter, Chiropractic Guidelines; Crawford, 2002.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic 1 x week 4-6 weeks for the right ankle/foot is not medically necessary. Previous request was denied on the basis that before considering continuing treatment for this injured worker, it would be necessary to clarify the extreme differences between the two evaluating physicians. At this time, in the absence of evidence of functional improvement with recent chiropractic treatment, additional therapy is not medically supported. Clinical records did not provide any objective evidence of functional progression over the course of the previous six visit initial trial that would support clinical rationale for additional chiropractic treatment. Given this, the request for chiropractic 1 x week 4-6 weeks for the right ankle/foot is not indicated as medically necessary.

