

Case Number:	CM14-0091243		
Date Assigned:	07/25/2014	Date of Injury:	08/19/2013
Decision Date:	09/26/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 Texas. 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 52-year-old male who was injured on 08/19/13 when he dropped a 200 pound stack of sheet rock onto the dorsal aspect of the right foot. The injured worker complains of severe and constant right foot pain with a burning sensation and stretching effect on the plantar surface which shoots into the right leg with burning, tingling, numbness and paresthesias. An MRI of the right foot dated 10/31/13 is noted to present with moderate degradation from motion artifact. Despite this, findings are noted to reveal suspicion of avascular necrosis with possibly an element of low-grade ongoing stress injury/osteitis. No fracture or fragmentation is seen. Degenerative arthrosis at the metatarsal-tibial sesamoid articulation is suggested. The injured worker is diagnosed with tenosynovitis of the foot and ankle, contusion of the ankle and foot and a crushing injury of the right foot with neuritis and possible avascular necrosis of the tibial sesamoid. Of note, the injured worker is diabetic. Treatment has included 12 visits of physical therapy, home exercise program and a plantar fascia injection. Records indicate the previously completed course of physical therapy began on 12/27/13 and concluded with visit number 12 on 03/19/14. Physical examination of the right foot dated 12/09/13 revealed generalized tenderness to palpation of multiple areas of the foot with no edema or erythema noted. Strength with dorsiflexion and plantar flexion inversion and eversion was 5/5. No focal tendon deficiencies or weakness was noted. No pain with range of motion of Linsfranc joint was noted. There was a positive Tinel sign with palpation along the intermediate dorsal cutaneous nerve and medial dorsal cutaneous nerve distribution. Physical examination dated 04/18/11 (post physical therapy) reveals ROM of the right foot to be within normal limits, positive Tibial tarsal tunnel sign and 4+/5 motor strength about the EHL and plantar flexors. Remaining motor strength is 5/5. Tenderness remains. Most recent clinical note dated 07/18/14 reports restricted ROM of the right foot. Treatment plan includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment for the right foot, 2 times a week for 6 weeks, QTY: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Physical therapy (PT).

Decision rationale: MTUS states, "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." Records note the injured worker has completed a 12 session course of physical therapy. A comparison of physical examination prior to and following this course does not reveal significant objective improvement with strength or function. Records do not indicate the claimant experienced an alleviation of discomfort with physical therapy. ODG addresses the use of physical therapy for crushing injuries specifically and allows up to 12 visits over 12 weeks. The injured worker has previously participated in the maximum amount of physical therapy recommended by current evidence based guidelines. Records indicate the injured worker is compliant with a home exercise program. There are no exceptional factors that would support the need for therapy that exceeds guidelines. Based on the clinical information provided, medical necessity of additional physical therapy for the right foot at twice per week for 6 weeks (12 sessions) is not established. The request for physical therapy treatment for the right foot, 2 times per week for 6 weeks (12 sessions) is not recommended as medically necessary.