

Case Number:	CM14-0166938		
Date Assigned:	10/14/2014	Date of Injury:	01/22/2013
Decision Date:	01/06/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery 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:

Claimant is a 41 year old male with an industrial injury dated 01/22/13. Exam note 07/24/14 states the patient returns with ankle and foot pain. The patient demonstrates a straight posture and walked with a normal gait. Upon physical exam there was tenderness over the lateral aspect of the 5th metatarsal and tenderness over the plantar aspect of the remaining toes. There was no evidence of swelling or effusion. The patient did not experience pain when completing the range of motion exercises of the toes including the 5th metatarsal. The patient had intact to normal sensation with pinprick and light touch throughout the foot with no plantar calluses. Additionally, the Tinel's test was negative. There was no calf atrophy or thigh atrophy. X-rays reveal there was slight prominence of the lateral aspect of the 5th metatarsal but there was no joint space narrowing. MRI of the right foot dated 09/09/14 reveals marrow signal abnormality throughout the 5th metatarsal with stress related changes and repetitive activity. Exam note 09/12/14 states the patient continues to have persistent pain in the right foot. The patient has difficulty with prolonged walking and standing. Physical findings are unchanged. Treatment includes a bunionectomy of the 5th metatarsal with exploration of the MP joint, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: Per the CA MTUS/Post-surgical treatment guidelines, Hallux valgus, page(s) 14, 9 visits are recommended over 8 weeks. As the request exceeds the recommended guidelines, the request is not medically necessary.