

Case Number:	CM14-0194600		
Date Assigned:	11/21/2014	Date of Injury:	10/28/2013
Decision Date:	01/20/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for foot and ankle pain reportedly associated with an industrial injury of October 28, 2013. In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for eight sessions of physical therapy for the ankle and foot. The claims administrator stated that the applicant had received somewhere between 10-12 sessions of physical therapy in 2013 and 14-15 sessions of physical therapy in 2014. The claims administrator stated that the applicant had had 14 sessions of acupuncture as well. The claims administrator stated that its decision was based on a progress note dated September 23, 2014. Non-MTUS ODG Guidelines and Chapter 14 ACOEM Guidelines were invoked to make the denial. In a progress note dated April 4, 2014, the applicant reported ongoing complaints of foot pain with an ancillary complaint of low back pain. The applicant was apparently in the process of receiving eight sessions of physical therapy. MRI imaging of foot and ankle were sought while tramadol, Prilosec, and naproxen were endorsed. The applicant was given a rather proscriptive limitation of no standing and walking greater than one hour per day. It did not appear that the applicant was working with said limitations in place. On May 2, 2014, the applicant was again pending physical therapy, it was stated. Weakness about the foot and ankle were appreciated. The same, rather proscriptive 1-hour per day standing and walking limitation was endorsed. On July 20, 2014 and August 22, 2014, the applicant was given limitation of no standing and walking more than one and half hours per day. Orthotics was endorsed on August 22, 2014 while naproxen and Prilosec were renewed. It did not appear that the applicant was working with limitations in place, although this was not clearly outlined. In a consultation dated September 23, 2014, the applicant apparently consulted a new treating provider. The applicant had a lengthy history of physical therapy in 2013 and 2014. The applicant exhibited an unstable gait and was reportedly limping. 3-5/10 pain was noted.

The applicant stated that he felt "no improvement" with earlier treatment. Fatigue and soreness with standing and walking were evident. The applicant's BMI was 23. The applicant's blood pressure was significantly elevated. The applicant was using naproxen, tramadol, and Prilosec. Additional physical therapy was sought. Once again, it was not clearly outlined whether the applicant was or was not working with limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle/foot times 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition; Chapter: Ankle and Foot

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management Page(s): 99,.

Decision rationale: The applicant has already had prior treatment (somewhere between 24-27 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course recommended in page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the diagnosis reportedly present here. This recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant did not appear to be working with a rather proscriptive standing and walking limitation of no standing and walking more than one to one and half hours per day. The applicant remains dependent on analgesic medications such as Naproxen and Tramadol. The applicant has himself commented that he feels that the earlier conservative treatments have not worked and/or have not generated any improvement. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy already well in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.