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| Case Number: | CM15-0131807 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 06/25/2009 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female who sustained an industrial injury on 06/25/2009. Mechanism of injury was not found in documentation provided. Diagnoses include disruption external wound, other enthesopathy of the ankle and tarsus, abnormality of gait, reflex sympathetic dystrophy of the leg, other aseptic necrosis, aseptic necrosis talus, other trauma arthropathy and tenosynovitis of the foot and ankle. Treatment to date has included diagnostic studies, medications, surgery, physical therapy 18 previous sessions, status post triple arthrodesis, tendon transfer and grafting bone infarcts on 02/11/2015, use of a bone trolley, ankle brace, cam foot and compression sock. Current medications include Fentanyl patch, Norco, Imitrex, Fioricet, and Topamax. A urine drug screen done on 03/08/2015 shows the injured worker is compliant with her medications. The most recent physician progress note dated 05/03/2015 documents the injured worker complains of chronic pain worst in the right foot, headache and neck pain due to crush injury to the right foot and degenerative spondylosis of the cervical spine. She has chronic pain with both nociceptive and affective components. She has partial pain relief with her current medications. Her current medications help her maximize her level of physical function and improve her quality of life. Her pain now is rated 8-9 out of 10, her average pain is rated 9 out of 10 and her affective pain is 8 out of 10. She is given a trial of Flexeril for her calf spasms. The injured worker continues with pain that to some degree interferes with her level of activity, but the current regime is the most effective analgesic medication regimen to date. Treatment requested is for Physical Therapy, right foot & ankle, 2 times weekly for 6 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Foot & Ankle, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Based on the extensive surgery and postoperative complications, an additional 6 sessions of therapy may be reasonable. Unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.