

Case Number:	CM15-0167339		
Date Assigned:	09/08/2015	Date of Injury:	11/08/2013
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

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 50 year-old female who had an industrial injury on November 8, 2013 which resulted in pain in her left hip, leg, ankle and foot. Diagnoses have included peroneal longus tear, peroneal brevis tear, ATF ligament injury, and sinus tarsi syndrome. Documented treatment includes physical therapy ending in February, 2014, a brace which is reported as not working, cortisone injections, custom orthotics, and medication. The injured worker continues to complain of left foot and ankle pain radiating both down the foot and up to the knee, and heel pain and numbness shooting up the back of her leg to the hip. The treating physician's plan of care includes 9 sessions of physical therapy. Work status is modified work only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy X 9: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in November 2013 and is being treated for left foot and ankle pain after tripping and falling on stairs. Treatments have included use of a brace and physical therapy with reported completion of 24 treatments. Imaging has shown findings of peroneal tendon tears and an anterior talofibular ligament injury. When seen, she was having constant pain increased with prolonged standing with numbness from her heel to the toes. She was using orthotics. Physical examination findings included an antalgic gait and pain over the injured areas and over the sinus tarsi. Her BMI is over 27. A Ritchie brace and additional occupational therapy were requested. An injection or surgery are being considered. In terms of physical therapy for this condition, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.