

Case Number:	CM15-0180127		
Date Assigned:	09/22/2015	Date of Injury:	03/02/2012
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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, New York
 Certification(s)/Specialty: Podiatrist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47 year old male who reported an industrial injury on 3-2-2012. His diagnoses, and or impressions, were noted to include: condyle spurring, both 5th metatarsals; metatarsalgia; and painful gait. No current imaging studies were noted. His treatments were noted to include: custom orthotics that were hard and ineffective in relieving pain. The podiatric progress notes of 7-29-2015 reported: continued symptoms in both feet; that his orthotics were no longer helping him at all, bringing them to the visit to shoe the doctor. The objective findings were noted to include: no changes in the review of systems; decreased dorsalis pedis and posterior tibial pulses bilaterally; hyper-callosities in both feet, secondary to severe condyle spurring at the fifth metatarsals, with severe metatarsalgia in the feet; decreased deep tendon reflexes in the Achilles and patellar tendons bilaterally; the ability to fully bear weight; pain involving both feet with direct palpation, particularly at the fifth metatarsal; some difficulty with toe walking-standing, squatting, crouching and single-limb weight-bearing; that his orthotics were made of an extremely hard carbon fiber with a very tough cover, and without any padding by another company, and that he should have soft orthotics with a very soft, thick front cover to decrease the pain he had in the foot; and that that he clearly demonstrated functional impairment with need for further treatment intervention, necessitating new orthotics. The physician's request for treatments were noted to include custom orthotics (to be made by this physician), with soft orthotics and a thickened soft front cover to decrease the metatarsalgic pain from which he continued to suffer. The Request for Authorization, dated 7-29-2015, was noted for starting physical therapy with massage, 3 x a week for 6 weeks, for the bilateral feet, and orthotics; and

the Request for Authorization, dated 8-11-2015, was noted for orthotics. The Utilization Review of 8-13-2015 non-certified the requests for physical therapy with massage, 3 x a week for 6 weeks, for both feet; and custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with massage, Both Feet, 3 times wkly for 6 wks, 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic) - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Diagnostic Criteria, Physical Methods.

Decision rationale: As per MTUS guidelines, Page 371, physical modalities, such as massage have no scientifically proven efficacy in treating ankle or foot symptoms. As per MTUS, the medical necessity of physical therapy for an injured worker is dependent on the documentation of functional improvement. If further improvement can be verified after a course of therapy, treatment may be continued. The provided record does not support sustained functional improvement as subsequent to physical therapy. MTUS, Page, 376 Table 14-6, indicates, that physical therapy modalities, except as an initial aid, prior to home exercises are not recommended for the management of ankle and foot complaints. The requested additional physical therapy, with massage, 3 x a week for 6 weeks, for both feet is not medically necessary in the management of this patient.

DME (durable medical equipment) Custom Orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic) - Orthotic devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Physical Examination, Diagnostic Criteria.

Decision rationale: Medical necessity is certified by evidence-based criteria, governed by the medical evidence hierarchy. The Medical Treatment Utilization Schedule is considered the presumptively correct authority. As per MTUS guidelines: Page 371 full-shoe-length inserts are recommended for patients with metatarsalgia, in keeping with MTUS, Table 14-2. Diagnostic Criteria for Non-red-flag Conditions, P: 368, decreased tissue padding under metatarsal heads, i.e., hyper-callosity, is identified in the record of this injured worker. As per Methods of Symptom Control, Page: 370, Table 14-3, orthotic management is recommended. Custom foot orthotics are medically necessary in the management of this injured worker.