

Case Number:	CM15-0182314		
Date Assigned:	09/23/2015	Date of Injury:	08/20/2012
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 49 year old female, who sustained an industrial injury on 08-20-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for complex regional pain syndrome, twisting injury to the right foot and ankle, fracture 3rd digit to the right foot, chronic arthralgia to the 2nd and 3rd digits of the right foot at the proximal and interphalangeal joints, post-traumatic scar tissue to the right ankle (status-post surgical repair), resolved cellulitis, and resolved allergic reaction. Medical records (04-20-2015 to 08-10-2015) indicate decreased (approximately 70-80%) post-operative pain to the right foot and ankle with 30 physical therapy PT visits. However, PT notes (07-01-2015 to 08-20-2015) showed pain levels of 8 out of 10 on a visual analog scale (VAS) at worst, and daily pain levels of 6-8 of 10 (08-20-2015) which was increased from 4-8 out of 10. Pain was reported to be worsened with daily activities, walking and weight bearing. PT records showed an increase in the walking limit (from 21-30 minutes to 31-40 minutes). Per the treating physician's progress report (PR), the IW has not returned to work. The physical therapy exam, dated 08-20-2015, revealed antalgic gait, decreased muscle strength in the extensor hallucis longus, flexor digitorum longus, gastrocnemius, peroneus longus, tibialis anterior and tibialis posterior with musculoskeletal improvement in the right foot ankle. There were no changes from previous exam (07-13-2015). Relevant treatments have included arthroscopic debridement and excision of traumatic neuroma (06-09-2014), 30 sessions of PT, psychological treatment, nerve blocks, work restrictions, and pain medications. The request for authorization (08-19-2015) shows that the following therapy was requested: 6 PT sessions for the right foot and ankle. The original utilization review (09-03-2015) partially approved the request for 6 PT sessions for the right foot and ankle (modified to 3 sessions of PT for the right foot and ankle) based on exceeding the recommended limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits to the right foot/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The claimant sustained a work injury in August 2012 and is being treated for right ankle and foot pain after sustaining a third toe fracture and sprain as the result of a fall. An extensive arthroscopic debridement with microfracture of the talus for an osteochondral lesion with lateral impingement and excision of third web space neuroma was done in June 2014. When seen in August 2015, there had been completion of 30 post treatments with 70-80% improvement including 8 recent sessions as of 08/13/15 since re-evaluation on 07/01/15. She was having decreased pain. There was allodynia. Additional post-operative physical therapy was requested. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. 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. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.