

Case Number:	CM15-0041147		
Date Assigned:	03/11/2015	Date of Injury:	02/03/2012
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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: Orthopedic Surgery

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 68 year old female who sustained a work related injury on February 3, 2012, incurring a foot injury. She was diagnosed with bilateral bunions, metatarsus adductus and Morton's neuroma. Magnetic Resonance Imaging (MRI) of the left foot revealed a tendon tear, marrow edema due to a bone contusion, and an early stress fracture. Treatments included heel support, pain medications, acupuncture sessions, orthotics, steroid injections and physical therapy. Exam note from 10/20/14 demonstrates complaints of left foot pain. Exam demonstrates pain in the second and third interspace. Exam from 1/19/15 demonstrates complaints of left foot pain with weight bearing. Currently, the injured worker complained of left foot pain on weight bearing. Treatments included anti-inflammatory drugs. There was a plan for a surgical intervention of the left foot. Authorization was requested for soft dressing and crutches postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Soft dressing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wound Dressings.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

Decision rationale: CA MTUS/ACOEM is silent on office visits and associated soft dressing. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the exam note from 10/20/14 does not demonstrate a need for soft dressings for the foot. Therefore, the request is not medically necessary.

Associated surgical service: 1 Set of crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking aids.

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case, there is lack of functional deficits noted in the exam note from 10/20/14 to warrant crutches. Therefore, the request is not medically necessary.

Post-op physical therapy x 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: CA MTUS/Post surgical treatment guidelines, Ankle metatarsal fracture, page 14, recommends 21 visits of postoperative therapy over a 16 week period for fracture of the ankle. Initially, of the 21 visits is recommended. In this case, the request exceeds the initial recommended. Therefore, the request is not medically necessary.