

Case Number:	CM15-0056205		
Date Assigned:	04/01/2015	Date of Injury:	05/03/2012
Decision Date:	05/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 40 year old male, who sustained an industrial injury on 05/03/2012. He has reported injury to the right foot, right ankle, and low back. The diagnoses have included worsening neuroma right foot, third interspace; right ankle pain, status post right ankle arthroscopy with ligament reconstruction; and status post Lisfranc arthrodesis. Treatment to date has included medications, diagnostic studies, injections, orthotics, acupuncture, physical therapy, and surgical intervention. A progress note from the treating physician, dated 02/23/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right foot and lateral ankle pain; new pain between the third and fourth toes of the right foot; some numbness to the right thigh; and wearing the inserts is helpful. Objective findings included tenderness of the right foot and ankle; slight pain and numbness at the surgical area of the midtarsal joint; and pain with compression of the distal third interspace. The treatment plan has included the request for physical therapy extended 2 times a week for 3 weeks (6 sessions); and for acupuncture right foot x 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy extended 2 times a week for 3 weeks (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The patient has received several courses of physical therapy with no reduction in pain or reduction in pain medicine. There is no reason why the patient cannot proceed with a home exercise program. As such, the request for Physical therapy extended 2 times a week for 3 weeks (6 sessions) is not medically necessary.

Acupuncture Right Foot x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." ODG states "No quality studies for the ankle." For other qualified body parts, ODG states that the initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" In 2/2015, the patient complains that the acupuncture was not helpful. However, no acupuncture records were enclosed to review. As such, the request for Acupuncture Right Foot x 5 is not medically necessary.