

<b>Case Number:</b>	CM14-0142844		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 with a date of injury of 5/30/2012. The patient's industrially related diagnoses include brain injury, right patella fracture s/p open reduction with internal fixation, right ankle fracture, and right Lisfranc fracture. The disputed issues are physical therapy two times a week for six weeks for the right knee, right ankle, and right foot, right ankle steroid injection and right foot orthotic for Lisfranc. A utilization review determination on 8/5/2014 had noncertified these requests. The stated rationale for the denial of physical therapy was that clarification is needed if this is initial PT, additional PT due to remaining functional deficits, or additional PT where there is a noted interval injury or objective exacerbation with functional regression. The request for right foot orthotic for Lisfranc was noncertified because "before the requested custom orthotics can be considered medically appropriate it is reasonable to require documentation of no improvement in pain and function with the use of over the counter orthotics, per medical practice standard of care criteria." The stated rationale for the denial of right ankle steroid injection is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks for the Right Knee, Right Ankle, Right Foot, Right , Right Eye, Right Breast, Left Hip, Lower back, Chest, brain, 12 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** On the orthopedic QME (qualified medical evaluation) report dated 4/26/2013, the evaluating physician documents that the injured worker was evaluated by a physical therapist on 9/11/2012, 10/26/2012, and 12/11/2012 and recommended a short course of physical therapy as needed. On the consultation report dated 7/8/2014, the treating physician notes that the injured worker was transferred to an acute rehab center after the initial hospitalization and there she did physical therapy. After she was discharged, a physical therapist visited the injured worker at home to continue treatment. The specific anatomical regions that were treated in physical therapy are not documented. In the same progress report it is noted that she had physical therapy for the low back in mid 2013 and that she had "access to appropriate medication for pain and a home exercise program based on a course of physical therapy." There was no documentation of new pain symptoms at the time the request was made or exacerbation of her current symptoms to warrant 12 sessions of physical therapy and the treating physician notes that the patient already has a home exercise program for the low back pain. According to the Chronic Pain Medical Treatment Guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." There is insufficient documentation in the medical history and physical examination to support the request for physical therapy to the right eye, right breast, left hip, chest, and brain. Further clinical evidence is needed to establish medical necessity for this request. Therefore physical therapy 2 x 6 weeks for the Right Knee, Right Ankle, Right Foot, Right , Right Eye, Right Breast, Left Hip, Lower back, Chest, brain, 12 visits is not medically necessary.

**Right Ankle Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Foot and Ankle Chapter, page(s) 369-371 state the following: "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective." In the progress report dated 7/8/2014, the treating physician documents that the injured worker received a cortisone injection into the outer ankle in March 2014 that helped reduce the pain. She was diagnosed with right ankle comminuted fracture ORIF with right ankle moderate degenerative joint disease. There is no documentation that the injured worker has any of the diagnoses listed in the guidelines that have shown to benefit from injections. Furthermore, physical therapy is requested at the same time as the cortisone injection and there is no documentation that the injured worker has recently

failed four to six weeks of conservative therapy. Therefore a right ankle steroid injection is not medically necessary at this time.

**Right Foot Orthotic for Lisfranc:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** Section 9792.23.7 Ankle Complaints of the California Code of Regulations, Title 8, page 7 states the following: "The Administrative Director adopts and incorporates by reference the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. In the orthopedic consultation report dated 7/8/2014, the treating physician recommended an orthotic to reduce mid foot motion at the painful Lisfranc joint traumatic injury. Lisfranc injuries are injuries to the tarso-metatarsal joints of the foot. The treating physician documented that the injured worker continues to have pain over the lateral three rays. Therefore based on the guidelines stated above, a right foot orthotic for Lisfranc is medically necessary.