

Case Number:	CM14-0145357		
Date Assigned:	10/01/2014	Date of Injury:	01/24/2013
Decision Date:	10/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

There were 107 pages provided for this review. The application for independent medical review was signed on August 22, 2014. It was for postoperative physical therapy to the right foot. The injured worker at the time of the review was about one year and seven months from the onset of symptoms. He was status post calcaneal navicular coalition resection, interposition of the EDB muscle belly, nerve procedure and calcaneal medial cuneiform osteotomy of the right foot on April 18, 2014. As of August 8, 2014, the right foot is healed at the calcaneal and the medial cuneiform osteotomy sites. The hardware is intact with no lucency's across the screws. The foot is in good alignment and position. There is no mention of the efficacy of prior therapy. The foot is in good alignment and position. There is no pain along the osteotomy sites and no pain on palpation along the posterior tibial tendon. The patient had 12 prior sessions. The patient is well past the subacute healing phase and has had an adequate source of physical therapy with documented sustained functional improvement and without new hard clinical indications for the need for an additional 12 sessions of therapy. There was a primary treating physicians report. His ankle and foot feeling better. He reports less swelling in the ankle. He continues to have some swelling in the foot and ankle in very limited range of motion and ankle inversion and eversion. He continues to primarily use his cam Walker. They discussed transitioning into a shoe and getting into shoes with good support. The date of this exam was July 30, 2014 and the next one was to be on September 11, 2014. As of August 8, 2014 the pain was five out of 10 in the right ankle. He is taking Norco as directed and Wellbutrin and He has improved active range of motion, strength, swelling and function but still is limited about 50%. He would continue to benefit from physical therapy and would need additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. While I do think a fixed number of additional therapy would be reasonable post calcaneal surgery given he is only at 50% with no evidence of plateau, I am unable to approve an open ended request for therapy with no specified frequency and duration. This request for more skilled, monitored therapy was appropriately non-certified.