

Case Number:	CM15-0143534		
Date Assigned:	08/04/2015	Date of Injury:	12/03/2014
Decision Date:	10/07/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: Minnesota, Florida

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 54 year old male who sustained a work related injury December 3, 2014. While carrying a beam with a co-worker, it fell on his right foot. An x-ray revealed a non-displaced fracture of the mid first metatarsal. He was treated with medication for pain, crutches, and an orthopedic consultation. After two weeks, he was placed in a short leg orthosis. Past history included diabetes. According to a primary treating physician's progress report, dated May 20, 2015, the injured worker presented with continued pain in his right foot. He is ambulating with the use of a CAM walker. Authorization is still pending for an open reduction and internal fixation of the first metatarsal of the right foot, as are radiographs. There is continued swelling and edema right first metatarsal, dorsal aspect of the right foot with continuation of symptomatic pain on direct palpation with difficulty weight bearing. Diagnosis is documented as non-union of the first metatarsal of the right foot. In a supplemental report, dated June 17, 2015, the primary treating physician appeals the non-authorized surgery with associated services. He further stated there is clear evidence of an operable lesion and bone callous formation was noted. At issue, is the request for authorization for post-operative physical therapy, one knee walker, one CAM walker, hot-cold therapy, IF (interferential) unit and one pair of shower boots. The request for surgery was again non-certified on appeal as the documentation indicates callus formation at the fracture site in March 2015 and the fracture almost healed on subsequent x-rays. Radiographic evidence of a non-union was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve post-operative physical therapy sessions: Upheld

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

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

Decision rationale: The injured worker is a 54-year-old male with a date of injury of December 3, 2014. He sustained a nondisplaced fracture of the mid first metatarsal. X-rays from March 2015 were reported to show callus formation. Subsequent documentation indicates that the fracture was almost completely healed but then on a subsequent visit a nonunion was diagnosed. A request for open reduction and internal fixation was noncertified by utilization review and again noncertified on appeal. The documentation submitted does not include a radiology report indicating the presence of a nonunion. Furthermore, there is no indication that surgery has been certified. This issue in dispute pertains to an associated surgical request of 12 postoperative physical therapy sessions. California MTUS postsurgical treatment guidelines indicate 21 visits over 16 weeks for a metatarsal stress fracture. The initial course of therapy is one half of these visits which is 10. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 11 visits may be prescribed. The request as stated is for 12 visits which exceeds the guideline recommendation. Furthermore, the available documentation indicates that surgery has not been certified. As such, the request for 12 postoperative physical therapy sessions is not supported and the medical necessity of the request has not been substantiated.

One knee walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Walking aids.

Decision rationale: ODG guidelines recommend walking aids such as canes, crutches, braces, orthoses and walkers. However, since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

One CAM walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: CAM walker.

Decision rationale: ODG guidelines recommend a cam walker which is a removable cast when immobilization may be necessary. However, since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

One hot/cold therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Cold packs, Continuous flow cryotherapy, Heat therapy.

Decision rationale: ODG guidelines recommend cold packs but continuous flow cryotherapy is not recommended in the postoperative setting for the foot and ankle. Heat therapy is under study. As such, the request for heat/cold therapy unit is not supported and the medical necessity of the request has not been substantiated.

One IF unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: California MTUS chronic pain medical treatment guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercises, and medications and limited evidence of improvement on those recommended treatments alone. As such, the request for interferential current stimulation is not supported and the medical necessity of the request has not been substantiated.

One pair of shower boots: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: DME.

Decision rationale: With regard to the shower boots, ODG guidelines indicate most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable. As such, the request for shower boots is not medically necessary.