

Case Number:	CM15-0178973		
Date Assigned:	09/21/2015	Date of Injury:	05/07/2015
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female with a date of injury of May 7, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for a left foot fracture, right small toe fracture, left ankle internal derangement, left ankle sprain and strain, right knee contusion, and left foot tenosynovitis. Medical records dated July 2, 2015 indicate that the injured worker complains of constant pain and swelling which was unchanged. A progress note dated August 11, 2015 notes subjective complaints of constant, moderate achy left ankle pain, frequent right foot and fifth toe pain rated at a level of 7 out of 10 and associated with swelling, and continuous left foot pain rated at a level of 9 out of 10 and associated with swelling. The physical exam dated July 2, 2015 reveals healed abrasion of the right knee, full range of motion of the right knee, mild soft tissue swelling of the right fifth toe, tenderness to palpation of the right fifth toe, tenderness of the left fifth metatarsal, and an antalgic gait. The progress note dated August 11, 2015 documented a physical examination that showed use of a rolling device for non-weight bearing of the right lower extremity, a severely antalgic gait, swelling of the left ankle, tenderness to palpation of the left anterior ankle, tenderness to palpation of the right fifth metatarsal phalangeal joint, swelling of the left foot, and tenderness to palpation of the left first metatarsal and fifth metatarsal. Treatment has included medications (Tramadol since at least May of 2015; Norco listed between May and July of 2015; Pantoprazole and topical compound medications since at least August of 2015), magnetic resonance imaging of the left ankle and foot (July 23, 2015) that showed a transverse fracture at the base of the fifth metatarsal with diffuse subcutaneous edema, left ankle joint effusion, and tenosynovitis of the ankle, and magnetic resonance imaging of the right foot (July 23, 2015) that showed a transverse fracture of the fifth mid-phalanx with diffuse subcutaneous edema. The original utilization review (August

18, 2015) partially certified a request for six sessions of chiropractic physiotherapy for the left foot and ankle (original request for six sessions of chiropractic physiotherapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2X3 (unspecified) #6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot-Manipulation, Chiropractic Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2015 when she twisted and fell with a left 5th metatarsal fracture and ankle sprain and has a right foot fracture occurring while using crutches when she took a misstep. She has a history of idiopathic peripheral neuropathy. When seen, she was using a knee walker. She was non weight bearing for the right lower extremity and was having left ankle aching. Physical examination findings included left ankle tenderness with decreased range of motion and foot swelling. There was right fifth MP joint and left first and fifth metatarsal tenderness. Physical therapy / chiropractic care was requested. In terms of physical therapy for a metatarsal fracture, guidelines recommend up to 12 treatment sessions over 12 weeks. In this case, the number of initial visits requested is within the guideline recommendation. The claimant's condition is complicated by peripheral neuropathy and she also has an ankle sprain and at least this number of treatments would be needed. The request is medically necessary.