

Case Number:	CM15-0065203		
Date Assigned:	04/13/2015	Date of Injury:	09/24/2014
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: California
 Certification(s)/Specialty: Emergency 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 27-year-old female, with a reported date of injury of 09/24/2014. The diagnoses include left foot crush injury with soft tissue swelling. Treatments to date have included physical therapy, without relief; x-rays of the left foot and ankle; and Ibuprofen. The initial orthopaedic evaluation report dated 01/19/2015 indicates that the injured worker complained of severe left foot pain and spasm with numbness and tingling. She also complained of decreased sensation in the foot. The physical examination showed left antalgic gait, marked tenderness over the dorsal aspect of the left foot with decreased light touch sensation, some redness over the dorsal aspect of the foot, full range of motion of the foot and ankle, normal movement of all toes, and slightly decreased sensation on the dorsal aspect of the foot. The treating physician requested a urine toxicology screen and physical therapy for the left foot/ankle. The treatment plan included an aggressive therapy program to decrease sensitivity and to regain motion; and to check the effectiveness of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 94 of 127.

Decision rationale: The MTUS guidelines state that certain steps may be taken in order to avoid opioid misuse for those at high risk for abuse. This includes frequent urine drug screens. There is no documentation reflecting that this patient is on opioid type medications. There is also no evidence in the records to reflect a planned trial of opioids in a patient at high risk. There is a lack of explanation by the provider why this is medically necessary. As such the request is not medically necessary.

Physical Therapy 2x4 weeks for the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58 and 59 of 127.

Decision rationale: Manual therapy and manipulation is advised for chronic pain cause by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic but not anatomic range-of-motion. The MTUS guidelines do recommend physical therapy for low back pain but not for foot or ankle pain. This patient had a left foot crush injury and as such, physical therapy would not be indicated. Therefore the request is not medically necessary.