

Case Number:	CM15-0097716		
Date Assigned:	05/28/2015	Date of Injury:	08/27/2014
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44-year-old, male who sustained a work related injury on 8/27/14. He stepped on a nail at work. The diagnoses have included open wound right foot and infection right foot. Treatments have included antibiotics, other oral medications, foot soaks, and crutches or walker for non-weight bearing. In the Initial Complex Orthopedic Evaluation dated 4/21/15, the injured worker complains of infection in his right foot. He has 2cm x 2cm ulceration over the fifth metatarsal head and neck going down to granulation tissue and muscle. He has maceration of skin. He has drainage from wound. The treatment plan includes requests for authorization for whirlpool therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whirlpool and physical therapy 18 sessions to the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, whirlpool and physical therapy 18 sessions to the right foot are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are open wound right foot; and infection right foot. The injured worker's date of injury is August 27, 2014. The injured worker stepped on a nail. The injured worker developed an infection on the plantar aspect of the foot. According to an April 21, 2015, progress note the injured worker has 2 cm x 2 cm ulceration over the fifth metatarsal head and neck with an open wound. The treatment plan requests 18 physical therapy sessions to the right foot and whirlpool therapy. There is no clinical rationale for 18 physical therapy sessions. Documentation does not state the number of prior physical therapy sessions. There are no progress notes a prior physical therapy. If the injured worker has not received prior physical therapy to date, a six visit clinical trial is appropriate. The treating provider requested 18 sessions of physical therapy. This is clearly in excess of the recommended guidelines. In the alternative, if the injured worker received prior physical therapy, there are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Whirlpool therapy is a form of physical therapy. In the presence of an open wound, whirlpool therapy would not be clinically indicated. Consequently, absent clinical documentation of prior physical therapy, evidence of objective functional improvement, and excessive number of physical therapy sessions in the request for authorization with no compelling clinical facts indicating additional physical therapy is warranted, whirlpool and physical therapy 18 sessions to the right foot are not medically necessary.