

Case Number:	CM16-0238676		
Date Assigned:	12/15/2016	Date of Injury:	10/17/2016
Decision Date:	01/20/2017	UR Denial Date:	11/10/2016
Priority:	Standard	Application Received:	12/13/2016

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: Maryland, Kansas, Pennsylvania
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 case involves a now 54-year-old male with a history of an occupational claim from 10/17/2016. The mechanism of injury is detailed as pushing a thousand pound toolbox up a ramp and falling. The current diagnoses are documented as strain in right hip, ankle, and foot. This patient has had treatment to include activity modifications, medication management, and physical therapy. The patient was seen on 11/04/2016 for a follow-up. The patient has pain to the ball of the foot as well as the right great toe. The patient has not improved much; however, the physician did indicate physical therapy has helped and medications do relieve pain temporarily. The patient has had 5 physical therapy visits. The examination revealed pain at an 8/10. The patient has a normal posture. The patient had extension of 10 degrees and flexion of 50 to 79 degrees. The patient had no muscle weakness in the hip. The physician recommended a follow-up as well as a continuation of therapy. This case has been previously reviewed and denied on 11/10/2016 for no documentation to support exceeding the recommended guideline criteria for additional physical therapy. Furthermore, there was no objective examination warranting the need of an MRI and CT scan. It is noted that a Request for Authorization was received dated 11/04/2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times a week for two weeks of the right hip and foot:
Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines indicate physical therapy treatment may be appropriate for a maximum of 10 visits over 8 weeks. Within the submitted documentation, it is noted the patient has had a course of therapy of at least 5 visits. It is noted the patient only remains with minimal deficits and given the request will exceed the guideline criteria without any extenuating factors, the request at this time is not medically necessary.

MRI/CT of the spine and pelvis: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (magnetic resonance imaging), CT (computed tomography).

Decision rationale: ACOEM Guidelines indicate imaging studies for the spine may be appropriate when there is a documentation of conservative care with indication of possible neurologic compromise. Within the submitted documentation, there is no indication at this time that there may be neurologic compromise. Furthermore, it is only documented the patient has received approximately 5 visits of therapy. It appears there is a previous x-ray; however, the results are unknown. The ACOEM/MTUS Guidelines do not specifically address the hip. The Official Disability Guidelines indicate imaging studies of the hip are appropriate to rule out osteonecrosis over the soft tissue defects. Given that the submitted documentation does not provide any indication the patient may have pathology such as osteonecrosis and there are no significant findings that would warrant the need for imaging at this time, the request is not medically necessary.