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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for six additional physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left foot **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left ankle **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/30/2013 disputing the Utilization Review Denial dated 4/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for six additional physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left foot **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left ankle **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the Doctor's First Report dated March 14, 2013 and Primary Treating Physician's Progress Report dated 4/16/13. A clinical summary was not included in the Utilization Review Decision.

### Doctors First Report:

██████████ is a 64 year old female right handed director theater arts, Worker's Compensation and legal considerations: not known. who works as a TEACHER, for Employer: ██████████ ██████████,

██████████, for the past 7 years. Job responsibilities and required physical activities include(s): lifting over 5 pounds, climbing stairs/ladders, repetitive grasping bilateral, repetitive hand motion bilateral, repetitive reaching above shoulder bilateral, kneeling/squatting, prolonged standing and prolonged walking.  
Other jobs: consultant non-paid

"On 3/11/13 the patient states "I was helping a vendor that was going to be doing a performance, open doors, he was carrying a speaker that fell on my foot and my foot immediately started to swell and hurt, I went to the nurse and later it started to swell and hurt". Initially, the patient reported pain and/or discomfort of the foot left that immediately started after injury/accident 2 days ago. Initial treatment started at outside industrial clinic.

Work status prior to today: working regular duty.

“Verified with patient

Currently, the patient complains of: left ankle/foot pain that is aching. Pain is rated at 8-9/10 (1=min & 10=max), constant and

Modifying factors:

- Aggravated by: any movement
- Relieved by: pain medications
- Associated signs and symptoms: no fever, chills, or weight loss
- Other: denies

“Prior to injury to related body parts:: Patient had previous work related injury involving the non Industrial Peripheral Edema since age 13 unknown etiology (non specific lymphedema s/p infection from injury to left leg with basketball with angioplasty performed over LLE”.

“DIAGNOSIS:

928.20 CRUSH INJURY TO FOOT (primary encounter diagnosis) – Left  
782.3 ANKLE EDEMA.”

### **Primary Treating Physician Progress Report:**

“██████████ is a 64 year old female is here for follow-up on left foot injury. Since last visit patient feels pain is improved with use of CAM walker boot, described as 5/10, has been using Tylenol PRN pain. Patient is requesting stronger pain medication today, reports she strained the right quadriceps muscle while walking upstairs out of building with pain over anterior muscle while lifting up leg. On today's visit, I am requesting MRI of the Foot due to delayed recovery.

“Review of Systems- Neurological ROS: no TIA or stroke symptoms negative for-weakness.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 4/30/13)
- Utilization Review Denial/Modification (dated 4/23/13)
- Medical Records from ██████████ (dated 3/14/13 – 6/20/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Ankle and Foot Complaints Chapter, pg 372-374
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Ankle and Foot Complaints Chapter, pg 369-371

### **1) Regarding the request for six additional physical therapy sessions:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 14), pg. 369-371, of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury to the left foot in a work-related accident on 3/11/13. Initial diagnosis was crush injury to the foot which was later changed to sprain/strain of the foot. Treatment included oral analgesics, a CAM Walker Boot, crutches, and diagnostic X-ray. X-ray revealed mild degenerative changes, soft tissue swelling, with no acute fracture identified. A request was made for six additional physical therapy sessions and an MRI of the left foot and ankle.

ACOEM guidelines state "instruction in proper exercise technique is important, and instruction by a physical therapist can educate the patient about an effective exercise program". Two sessions of physical therapy have been authorized and are sufficient for educating the employee on home exercise. Additionally, a report dated June 19, 2013, states the employee's injury had fully resolved, with a return to full pre-injury job capacity with no impairment and the employee was discharged from care. The request for six additional physical therapy sessions is **not medically necessary and appropriate**.

**2) Regarding the request for MRI of the left foot:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 14), pg. 372-374, of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury to the left foot in a work-related accident on 3/11/13. Initial diagnosis was crush injury to the foot which was later changed to sprain/strain of the foot. Treatment included oral analgesics, a CAM Walker Boot, crutches, and diagnostic X-ray. X-ray revealed mild degenerative changes, soft tissue swelling with no acute fracture identified. A request was made for six additional physical therapy sessions, and an MRI of the left foot and ankle.

ACOEM guidelines state sprain and strain injuries do not require an MRI for diagnosis. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Additionally, the most current medical report dated June 19, 2013, states the employee's injury had fully resolved, with a return to full pre-injury job capacity with no impairment and the employee was

discharged from care. The request for MRI of the left foot **is not medically necessary and appropriate.**

**3) Regarding the request for MRI of the left ankle:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 14), pg. 372-374, of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury to the left foot in a work-related accident on 3/11/13. Initial diagnosis was crush injury to the foot which was later changed to sprain/strain of the foot. Treatment included oral analgesics, a CAM Walker Boot, crutches, and diagnostic X-ray. X-ray revealed mild degenerative changes, soft tissue swelling with no acute fracture identified. A request was made for six additional physical therapy sessions and an MRI of the left foot and ankle.

ACOEM guidelines state sprain and strain injuries do not require an MRI for diagnosis. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Additionally, the most current medical report dated June 19, 2013, states the employee's injury had fully resolved, with a return to full pre-injury job capacity with no impairment and the employee was discharged from care. The request for MRI of the left ankle **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.