

Case Number:	CM13-0038854		
Date Assigned:	12/18/2013	Date of Injury:	07/11/2012
Decision Date:	02/06/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric Surgery and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the enclosed information, this patient had a right foot/ankle injury on 7-11-2012. She has been followed by her physician for treatment. During numerous visits, she relates that she cannot even walk for 5 minutes without experiencing severe ankle pain. Mostly laterally. Treatment to date has included non-weight bearing with the use of crutches, medication, acupuncture, and physical therapy. Electrodiagnostic studies performed 3-19-2013 are negative for any pathology right side, peroneal muscle irritability left. On 4-2-2013, the patient underwent a right ankle MRI without contrast. The impression noted by the radiologist was "no significant MRI abnormality identified in the right ankle." An incidental ganglion cyst was noted to the plantar 5th metacarpophalangeal joint (MPJ). The progress note dated 9-18-2013 advises that the patient still has right ankle pain rated at 8/10. Patient demonstrates an antalgic gait with pain upon inversion, eversion, dorsiflexion and plantarflexion of the right foot. A diagnosis of chronic right ankle sprain is noted with impingement, as well as radiculopathy L5 - S1. It is noted that the right ankle pain is refractory to conservative treatments, and the physician is awaiting approval for a right ankle synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

right ankle synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Foot and Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: After careful review of the enclosed information and the coverage criteria involved in this case, it is my feeling that a right ankle synovectomy is not medically necessary at this time. Chapter 14 of the MTUS guidelines states that a referral for surgical consultation may be indicated for patients who have Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The MRI performed on 4-2-2013 did not demonstrate any lesion or pathology to the right ankle, therefore the third criteria for surgical consideration is not met.

physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-376.

Decision rationale: After careful review of the enclosed information and the coverage criteria involved in this case, it is my feeling that continue physical therapy is not medically necessary at this time. Chapter 14 of the MTUS guidelines states: For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. In this case, the MRI dated 4-2-2013 did not demonstrate any lesion or pathology to the right ankle, therefore continued physical therapy cannot be justified as the imaging findings do not correlate with the physical findings. In essence, there is no imaging confirmation of anything to treat. Furthermore, table 14-6 in the MTUS guidelines states that passive physical therapy modalities are not recommended except as initial aid prior to home exercises.