

<b>Case Number:</b>	CM13-0043967		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This female sustained an injury on 11/18/12 while employed by [REDACTED]. Requests under consideration include 6 Additional physical therapy 2x3 to left foot/ankle and Functional orthotics left foot/ ankle. Report of 10/1/13 from [REDACTED] noted patient with left foot and ankle symptoms. She has done well on cortisone injections, physical therapy, and previous MRI was negative for ligament pathology. She was desirous to have additional physical therapy as she felt it was helpful for her. She was improving with ambulation and distance walking. Exam showed no instability, some pain of the sinus tarsi left ankle; she wears old orthotics. Assessment noted continued satisfactory healing with perhaps additional benefit from PT and new orthotics. Plan: injection of sinus tarsi with Kenalog; additional PT and new orthotics; to return for follow-up care on an as-needed basis. Requests were non-certified on 10/8/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional physical therapy 2 x 3 left foot/ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** At this stage, the patient should have the knowledge and instruction to transition to an independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received enough therapy sessions recommended per the Guidelines to have transitioned to an independent HEP for this 2012 injury. The 6 Additional physical therapy 2 x 3 left foot/ankle is not medically necessary and appropriate.

## **2 Functional orthotics left foot/ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orthosis, page 7

**Decision rationale:** This female sustained an injury on 11/18/12 while employed by [REDACTED]. [REDACTED] noted patient work up in the morning and couldn't bare weight. There was a report of a trip and fall the day prior. Report of 10/1/13 from [REDACTED], [REDACTED] noted patient with left foot and ankle symptoms. She has done well on cortisone injections, physical therapy, and previous MRI was negative for ligament pathology. Exam showed no instability, some pain of the sinus tarsi left ankle; she wears old orthotics. Assessment noted continued satisfactory healing with perhaps additional benefit from PT and new orthotics. Per ODG, orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. Submitted reports have not demonstrated the indication or necessity for this unspecified orthosis. The functional orthotics left foot/ankle is not medically and appropriate.