

Case Number:	CM13-0050728		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2013
Decision Date:	03/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 24 year-old male with a date of injury of 2/3/13; he fell down some stairs and injured his ankle and knee. A progress report associated with the request for services, dated 7/23/13, identified subjective complaints of left knee and ankle pain. Objective findings included tenderness of the left knee and ankle without any swelling. He had full range of motion in the ankle. There is no mention of ankle laxity. Motor function of the lower extremities was described as 4/5. Diagnoses included left knee and ankle sprain. MRIs of the knee and ankle were ordered. A subsequent visit to an orthopedic physician noted that the MRI of the ankle showed a tear of the anterior talofibular ligament. Treatment has included 3-4 months of physical therapy prior to this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for chiropractor evaluation treatment once a week for four weeks to the left knee and ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Chiropractic therapy involves manipulation of an affected body part. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. However, they state that it is not recommended for the knee or ankle. Therefore, in this case, there is no medical necessity for chiropractic therapy of the knee or ankle. As such, the request is noncertified.

The request for physical therapy with infrared and ultrasound twice a week for four weeks for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 123.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend physical therapy with fading of treatment frequency and the addition of active home therapy. For myalgia and myositis, 9-10 visits over eight weeks may be recommended. For neuralgia, neuritis, and radiculitis, the recommendation is for 8-10 visits over four weeks. In this case, the patient has received prior physical therapy with an unspecified number of visits over 3-4 months. However, recommendations are for less than 12 sessions with the recommendation for fading of treatment frequency. Likewise, there is limited documentation for the home therapy component of this approach and no documentation of functional improvement. The MTUS also states that ultrasound therapy is not recommended. Despite 60 years of using the modality, there little evidence that active therapeutic ultrasound is more effective than placebo. Therefore, there is no medical necessity for physical therapy with infrared and ultrasound. As such, the request is noncertified.

The request for a follow-up referral to an orthopedic surgeon for the left knee and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 343, 374, 377.

Decision rationale: The MTUS states that referral for surgical consultation of the knee may be indicated for patients who have activity limitation for more than one month, and an exercise program has failed to increase range of motion and strength of the musculature around the knee. The record describes near normal range of motion of the knee as well as adequate strength of the surrounding musculature. Therefore, the record does not document the medical necessity for surgical referral of the knee. The MTUS states that referral for surgical consultation of the ankle may be indicated for patients who have activity limitation for more than one month without signs

of functional improvement, failure of an exercise program to increase range of motion and strength of the musculature around the foot and ankle, and clear clinical and imaging evidence of a lesion that has been shown to benefit in the short and long term from surgical repair. The guidelines further outline surgical considerations to include patients with ankle laxity demonstrated on physical exam and positive stress films. The record describes full normal range of motion of the ankle, and a lack of physical findings that would warrant reconstruction, as well as adequate strength of the surrounding musculature. Therefore, the record does not document the medical necessity for surgical referral of the ankle. As such, the request is noncertified.