

Case Number:	CM13-0061203		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2013
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgeon and is licensed to practice in Texas. 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:

The patient is a 25 year old female who reported an injury on 03/11/2013. The mechanism of injury was noted to be a twisted ankle and subsequent fall. The patient is diagnosed with status post right distal fibula fracture. The patient was noted to have had surgery on 03/12/2013 which included an ORIF of the right ankle. She then completed 32 visits of postoperative physical therapy. Her 09/24/2013 office visit, it was noted that she complained of right ankle pain rated 6/10 to 7/10. Her objective findings included a positive Lachman's test in the right knee and positive anterior/posterior drawer test, medial/lateral stability, and restricted range of motion in the right ankle. The patient's diagnoses were listed as chronic right ankle sprain and right foot tenosynovitis. A recommendation was made for use of a cane and physical therapy 2 times per week for 4 weeks for the right ankle. At the patient's 12/03/2013 office visit she rated her right ankle pain as 3 out of 10. Her objective findings included positive anterior/posterior drawer and medial/lateral stability tests and she was noted to have a gait favoring the right lower extremity. She was diagnosed with tenosynovitis of the right ankle and complex regional pain syndrome. It was noted that she had completed 8/8 physical therapy sessions a recommendation was made for continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions 2x4 Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering and Restoration of Function, Chapter page 114

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

Decision rationale: According to the California MTUS Guidelines physical medicine is recommended in the treatment of CRPS at 24 visits over 16 weeks and in the treatment of unspecified myalgia and myositis at 9 to 10 visits over 8 weeks. The patient's most recent office visit dated 12/03/2013 indicated that the patient had a diagnosis of CRPS related to the right lower extremity. However, there were no positive objective findings consistent with CRPS noted at that visit. Additionally, the patient was noted to have previously completed 8 physical therapy medicine visits; however, documentation was not provided showing evidence of measurable objective functional gains made with those 8 physical therapy visits. In the absence of documented objective functional gains, further physical therapy is not supported. In the absence of further details regarding the patient's diagnosis of CRPS and evidence of measurable objective functional gains made with previous physical therapy, the request for continued physical therapy visits is not supported. As such, the request is non-certified.

Extracorporeal Shockwave Treatment for the Right Ankle, 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: According to ACOEM Guidelines, there is limited evidence available regarding extracorporeal shock wave therapy in the treatment of ankle and foot conditions. The limited evidence available addresses this treatment for the diagnosis of plantar fasciitis. The guidelines further state that inefficient high quality scientific evidence exists to determine the effectiveness of this therapy. Despite the patient's continued right ankle and foot pain, due to the lack of scientific evidence determining efficacy and safety of extracorporeal shock wave therapy for the treatment of ankle and foot conditions, the request is non-certified. As such, the request is non-certified.