

Case Number:	CM13-0062172		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2012
Decision Date:	05/13/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 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 injured worker is a 34-year-old male who reported an injury on 04/09/2012. The worker was injured when a wheelbarrow full of dirt and dry cement struck him on the left medial ankle. The injured worker had diagnoses including myalgia and myositis; sprain of ankle; and tenosynovitis of foot and ankle. The injured worker had ongoing pain in the left foot. He has been treated with medications, therapy and corticosteroid injections, and still continues to have ankle and foot pain. The MRI performed on 08/30/2013 revealed interstitial tears within the distal Achilles tendon, peritendinitis at the musculotendinous junction of the flexor hallucis longus tendon, peritendinitis of the tibialis posterior tendon, mild peritendinitis of the peroneal longus tendon, marrow edema within the medial aspect of the distal tibia, and a strain of the tibial fibular ligament and the posterior talorfibular ligament. The clinical note dated 10/08/2013 noted that the injured worker reported he was still having a fair amount of pain in his left ankle and some pain in his knee. Upon examination, there was ongoing persistent tenderness over the peroneal tendons with direct palpation, there was no bruising or swelling, and there was increased pain with inversion stress testing of the ankle joint. The treatment plan indicated that he would benefit from a corticosteroid injection into the left peroneal tendon sheath. The injured worker received the corticosteroid injection on 11/01/2013. The current request is for an ankle brace and ten (10) sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANKLE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 376. Decision based on Non-MTUS Citation WORK LOSS DATA INSTITUTE, ODG, TREATMENT IN WORKERS COMPENSATION, ANKLE AND FOOT - ACCESSED ONLINE 2/23/10 (HTTP://WWW.ODG-TWC.COM/ODGTWC/ANKLE.HTM)

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that prolonged use of supports or bracing without exercise is not recommended, due to the risk of debilitation and putting joints at rest in a brace or splint should be for as short a time as possible. The injured worker sustained his injury in 2012 and is still having pain. The medical records provided did not indicate the requesting physician's rationale. It was unclear how long the ankle brace would be needed. The submitted request did not indicate which ankle the brace was requested for. Therefore, the request for an ankle brace is not medically necessary.

10 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PHYSICAL THERAPY GUIDELINES AND THE ODG-TWC, ODG TREATMENT, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, ANKLE & FOOT (ACUTE & CHRONIC)

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

Decision rationale: The Chronic Pain Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical Medicine. The guidelines recommended nine to ten (9-10) visits over eight (8) weeks. The patient was noted to have previously had physical therapy; however, details including the number of visits completed and measurable objective functional gains made with the prior treatment were not provided within the medical records to support additional therapy. There was not an adequate and complete assessment of the patient's recent condition demonstrating deficits needing to be addressed as well as establishing a baseline by which to assess objective functional gains made during physical therapy. In the absence of these details, the request for additional physical therapy is not supported. Therefore, the request for ten (10) sessions of physical therapy is not medically necessary.