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| <b>Case Number:</b>   | CM13-0063276 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 09/01/2010 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 11/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2013 |

### 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 Occupational Medicine, and is licensed to practice in Maryland. 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 patient is a 66 year old female who was injured from 06/01/1990 to 09/01/2010. She sustained an industrial continuous trauma to her cervical spine, lumbosacral spine, right shoulder, left shoulder, right knee, left knee, right ankle/foot. Prior treatment history has included Naprosyn, Hydrocodone, 17 sessions of chiropractic therapy and a medicated pain patch. Clinic note dated 10/11/2013 indicates the patient complains of pain in the cervical spine, lumbosacral spine, right shoulder, left shoulder, right elbow, bilateral knees, and bilateral ankle/feet. She reports the left knee has dull pain with swelling. The left ankle and foot has occasional dull to sharp pain with swelling. Symptoms increase with walking and standing more than 20 minutes. Symptoms are alleviated with rest and medications. On exam, the left ankle/foot, there is 2+ swelling medially and laterally. There is no deformity, scars enlargement of Achilles tendon, pes planus or pes cavus. There is generalized tenderness around the ankle. There is no tenderness of syndesmosis, plantar fascia, tarso-metatarsal joint, over the posterior tibialis tendon, over the Achilles tendon, over the MTP joints or over intermetatarsal spaces. Light touch and pinprick in all dermatomes are intact. Motor strength is 5/5 bilaterally. Deep tendon reflexes are 2+ bilaterally. The patient is diagnosed with left ankle osteoarthritis and left ankle chronic hypertrophic synovitis. There is a request for authorization for referral to pain psychological counseling due to chronic pain in multiple areas. Prior UR dated 11/20/2013 states the request for physiotherapy is non-certified as there is a lack of evidence supporting the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE, PHYSICAL THERAPY.

**Decision rationale:** MTUS guidelines recommend physical therapy for exacerbations of chronic pain. The patient is a 66 year old female with chronic L ankle pain with swelling and tenderness on examination. There is MRI documentation of severe osteoarthritis of the left ankle. Medical records do not document an acute exacerbation of her left ankle symptoms or specific rationale for additional therapy. She was considered to be MMI on October 11, 2013. There is no documentation of functional benefit from left ankle physical therapy in the past. At this point the patient should be able to perform a home exercise program independently. Medical necessity is not established.

**FOLLOW-UP WITH [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7 - Independent Medical Examinations and Consultations Page(s): 503. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE AND FOOT, OFFICE VISITS.

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ODG guidelines recommend office visits for foot and ankle conditions as necessary. This is a 66 year old female with chronic L ankle pain and swelling secondary to osteoarthritis. The patient was judged to be MMI on 10/11/13. There is no documentation of subsequent exacerbation, re-injury, change in treatment plan or rationale for podiatry follow-up. Medical necessity is not established.