

Case Number:	CM14-0026177		
Date Assigned:	06/13/2014	Date of Injury:	05/06/2006
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female, with a date of injury of 05/06/2006. The listed diagnoses per [REDACTED] are: 1. Left ankle/foot internal derangement. 2. Left knee strain. According to the progress report 01/23/2014 by [REDACTED], the patient presents with left ankle/foot and left knee/leg pain. An examination revealed "light touch sensation, left lower extremity; mid anterior thigh/mid lateral calf/lateral ankle all intact." This is the extent of the physical examination. The treatment plan included aqua therapy, physical therapy, x-ray of the left foot/ankle, and a follow-up evaluation, with pain management specialist for the patient's chronic pain. The utilization review denied the request on 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE LEFT ANKLE/FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Ankle & Foot Procedure Summary (last updated 12/19/2013).

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

Decision rationale: This patient presents with left ankle, foot, knee, and leg complaints. The treater is requesting an x-ray of the left ankle/foot. The report dated 09/19/2013 indicates that the patient continues with left knee pain, which is getting worse since she is working and the restrictions are not being honored. An examination notes "left anterior thigh intact, left lateral calf intact, left lateral ankle intact." On 10/24/2014, the patient complained of radiating pain to left arm, which started about a week ago. An examination on 12/05/2013, revealed left knee flexion 110 degrees and extension 0 degrees. On 12/19/2013, the patient was administered an injection to the left knee with and on 01/23/2014, the treater requested an x-ray of the left foot and ankle. The Official Disability Guidelines indicate "If a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing x-ray should be the first choice investigation." Review of the medical records does not indicate that the patient has had prior imaging of the left ankle/foot. The treater does not indicate any concerns for fractures, acute swelling or bruising. An examination does not note any swelling or bruising or obvious dislocation. It is unclear why the treater is requesting an x-ray of the foot/ankle except for patient's subjective complaint of pain. The request is not medically necessary.

AQUATIC THERAPY ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR THE LEFT ANKLE/FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22; 98-99.

Decision rationale: This patient presents with left ankle, foot, knee, and leg complaint. The treater is requesting aqua therapy one (1) time a week for six (6) weeks for the left ankle/foot. The medical file provided for review is limited in its discussion to any prior physical therapy the patient has received. The Chronic Pain Guidelines recommend aquatic therapy as an option for land-based physical therapy in patients that can benefit from decreased weight-bearing, such as extreme obesity. For duration of treatment, the guidelines recommend nine to ten (9 to 10) sessions for various myalgia and myositis-type symptoms. In this case, it is unclear why the treater is concurrently recommending aquatic therapy and physical therapy for the ankle/foot, as the patient does not present with any restriction that would benefit from weight-reduced exercises. The request is not medically necessary.

PHYSICAL THERAPY ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR THE LEFT ANKLE/FOOT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, Ankle & Foot Procedure Summary (last updated 12/19/2013).

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

Decision rationale: This patient presents with left ankle, foot, knee, and leg complaints. The treater is requesting physical therapy one (1) time a week for six (6) weeks for the left ankle/foot. For physical medicine, the Chronic Pain Guidelines recommend nine to ten (9 to 10) sessions for various myalgia and myositis-type symptoms. In this case, considering that the patient has not had any documented physical therapy in the recent past, a short course of therapy may be reasonable to address his current complaints. The request is medically necessary.

FOLLOW-UP EVALUATION WITH A PAIN MEDICINE SPECIALIST (CHRONIC PAIN): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Ankle & Foot Procedure Summary (last updated 12/19/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127.

Decision rationale: This patient presents with left ankle, foot, knee, and leg complaints. The treater is requesting a follow-up evaluation with a pain medicine specialist for patient's chronic pain. The ACOEM Guidelines indicate "The occupational health practitioner may refer to other specialist 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". The guidelines also indicate that a referral to a specialist is recommended in complex issues. In this case, review of the progress reports does not provide any discussion of pain levels or pain medication. However, given the patient's persistent pain, a follow-up with a pain specialist is reasonable and should be allowed. The request is medically necessary.