

Case Number:	CM14-0037592		
Date Assigned:	06/25/2014	Date of Injury:	08/02/2013
Decision Date:	07/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in Nevada. 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 33-year-old male who was reportedly injured on August 2, 2013. The mechanism of injury was stepping on a rock and twisting the left ankle. Most recent progress note dated March 13, 2014, indicated that there were ongoing complaints of left ankle pain and instability. The physical examination demonstrated laxity with left ankle joint stress and abnormal pronation at push off. There was a recommendation for orthotics and a potential cortisone injection. Previous x-rays of the left ankle showed a small spur along the medial gutter. Previous treatment included crutches, a Cam boot and 16 sessions of physical therapy. A request had been made for continued physical therapy for the left ankle, two pairs of bilateral functional orthotics, and a bio exam and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy twice a week for three weeks for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 58.

Decision rationale: According to the medical record, the injured employee has attended prior physical therapy and reported 85% improvement. The employee was able to run and jog. Considering this, it is unclear why additional sessions of physical therapy were requested. At this point, the injured employee should be up to do any additional therapy on his own at home with a home exercise program. Therefore, the request for continued physical therapy twice a week for three weeks for the left ankle is not medically necessary and appropriate.

Bilateral Functional Orthotics, 2 pairs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Orthotics, Updated March 26, 2014.

Decision rationale: According to the Official Disability Guidelines, orthotics is recommended for plantar fasciitis and for foot pain due to rheumatoid arthritis. It is unclear why the progress note dated March 13, 2014, recommended orthotics for ankle pain and instability. For these reasons, the request for two pairs of bilateral functional orthotics is not medically necessary and appropriate.

Bio Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 58.

Decision rationale: According to the medical record, the injured employee has attended prior physical therapy and reported 85% improvement. The employee was able to run and jog. Considering this, it is unclear why an additional specialty such as a bio exam was requested. Without specific justification, the request for a bio exam is not medically necessary and appropriate.