

Case Number:	CM14-0038306		
Date Assigned:	06/25/2014	Date of Injury:	10/31/2012
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Management 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 underlying date of injury in this case is 10/31/2012. Treating diagnoses include a short Achilles tendon, limb pain, peroneal tendinitis, and acute capsulitis. The treating podiatrist saw the patient in follow-up 03/05/2014. At that time, the patient presented to the office for evaluation of tenderness and pain with ambulation. The patient reported pain in the last aspect of the ankle and had irritation with activity. On exam, the patient had tenderness and pain with ambulation with mild swelling. MRI imaging demonstrated a peroneus longus overload with synovitis and pain. The patient was diagnosed with ankle instability, peroneal tendinitis, and limb pain. The treating physician requested continued physical therapy. Additionally, the treating physician planned to cast the patient for orthotics. An initial physician review noted that the patient had not had supervised physical therapy to the right foot and ankle for 5 months. A request for therapy was modified for 6 visits to monitor an independent home exercise program. A prior review additionally noted that new evidence was provided subsequent to a prior specialty review, which had recommended denying a custom pair of orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the Right foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Preface- Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine, page(s).

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Physical Medicine recommends to allow for transition to independent home rehabilitation. This patient has previously received supervised physical therapy. The current treatment request contains very limited information regarding the nature of past physical therapy or the rationale for requested additional supervised rather than independent physical therapy. Therefore, the request for additional physical therapy is not supported by the treatment guidelines. This request for physical therapy is not medically necessary.

Pair of Orthotics L3000 with casting supplies and materials: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Ankle.

Decision rationale: ACOEM Guidelines for the ankle, Chapter 14, page 371 states that rigid orthotics may reduce pain experienced during walking yet may reduce more global measures of pain and disability for patients with multiple forms of pain in the ankle and foot. More detailed guidance can be found in the Official Disability Guidelines/Treatment in Workers' Compensation/Ankle which discusses both prefabricated and custom orthotic devices and recommends these for a variety of lower extremity pain syndrome. A prior review indicated that the treatment guidelines do not demonstrate medical necessity for custom orthotics. However, these guidelines are very specifically vague and thus provide discretion for the treating physician in selecting the particular design of custom or off-shelf orthotics for a given patient. Given the chronicity of the patient's condition and given the prescription for these orthotics specifically by a podiatrist and thus by a specialty physician, the guidelines would support the request for custom orthotics. This request for a Pair of Orthotics L3000 with Casting Supplies and Materials is medically necessary.