

Case Number:	CM14-0049889		
Date Assigned:	09/12/2014	Date of Injury:	10/08/2013
Decision Date:	10/14/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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 Occupational Medicine 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 applicant is represented [REDACTED] employee who has filed a claim for foot and ankle pain reportedly associated with an industrial burn injury of October 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and wound care. In a Utilization Review Report dated March 30, 2014, the claims administrator partially certified a request for 32 sessions of physical therapy at eight sessions of physical therapy and apparently failed to approve an MRI of the ankle. The applicant's attorney subsequently appealed. The applicant underwent CT scanning of the foot and ankle on February 4, 2014, which was negative for any acute fracture dislocation. A large area of posterolateral tibial irregularity, bony exostosis, and periosteal reaction were identified. It was stated that this could represent an osteochondroma versus old syndesmotic injury. Plain film radiographs and/or MRI imaging were requested to further evaluate. In February 14, 2014, progress note, the applicant reported heightened complaints of foot and ankle pain, exacerbated by standing and walking. The applicant was off of work of work as her employer was apparently unable to accommodate suggested limitations. The applicant was given diagnosis of secondary degree burn of the calf and leg. It appeared that the attending provider was requesting authorization for eight sessions of physical therapy over four weeks, writing "8/4," while somewhat incongruously, the claims administrator seemingly interpreted the same request as 32 sessions of physical therapy, writing in its Utilization Review Report "8 x 4." An ankle brace and MRI imaging of the left ankle were ordered to evaluate for tendon involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 8 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

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

Decision rationale: The applicant was apparently exhibiting signs of delayed recovery on or around the date of the request, February 14, 2014. The applicant had seemingly failed to return to work. The applicant's burn and/or ankle strain injury were not trending to resolution on or around this date. Thus, the MTUS Chronic Pain Medical Treatment Guidelines were seemingly applicable. The 32 sessions of physical therapy, in and of themselves, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. No rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. It is further noted that earlier physical therapy treatment was seemingly unsuccessful as evinced by the applicant's failure to return to work and continued difficulty performing standing and walking activities. Therefore, the request is not medically necessary.

MRI of the left ankle to assess for tendon involvement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, MRI imaging of the ankle "may be helpful" to clarify diagnosis such as osteochondritis dissecans in cases of delayed recovery. In this case, the applicant had, in fact, exhibited signs and symptoms of delayed recovery, as suggested previously. The applicant had seemingly failed to return to work. The applicant reported continued difficulty performing standing, walking, and weightbearing activities. Earlier CT scan imaging of the ankle was inconclusive. The author and radiologist suggested MRI and/or plain film imaging to clarify. The MRI at issue is therefore indicated, for all of the stated reasons. Accordingly, the request is medically necessary.