

Case Number:	CM14-0076077		
Date Assigned:	07/16/2014	Date of Injury:	05/02/2013
Decision Date:	09/24/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Neuromuscular 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 54-year-old male with a work injury dated 5/2/13. The diagnoses include strain/sprain of the lateral ligaments, right ankle, with avulsion fracture of the lateral malleolus and MRI evidence of tendinosis, peroneus longus and brevis and distal Achilles tendon, right ankle. Under consideration is a request for physical Therapy x 12 visits - right ankle and acupuncture x 6 visits - right ankle. There is a primary treating physician report dated 12/12/13 that states that the patient reports that his right ankle still feels weak. He is concerned about driving an 18-wheeler. He is able to walk without any limping or favoring the examination reveals no limping or favoring and a normal gait. There is no undue swelling. There is no evidence of local tenderness to palpation. The ligamentous structures are stable to varus/valgus stress. The anterior sign is negative. The range of motion is 15 degrees bilaterally in dorsiflexion, 45 degrees in plantar flexion, 30 degrees in inversion and 30 degrees in eversion. The patient is neurovascular intact. The diagnosis is strain/sprain of the lateral ligament, right fracture of the lateral malleolus - healed. The plan states that this patient is currently working on modified duties. He is currently released to return to his full regular duties without restrictions or limitations effective January 8, 2014 per a 1/29/14 orthopedic evaluation after the patient's injury he was given a boot. He developed an infection that needed to be treated with IV antibiotics for a day in the hospital. He was released. He underwent an MRI of the ankle in July 2013. He received physical therapy. He was told that he had tendinitis. He had cortisone injection. He was released to work in January 2014. The patient is having problems with the right ankle. On exam of the right ankle there is pain and tenderness laterally. There is exquisite tenderness just behind the lateral malleolus. When he moves the ankle with flexion, extension and inversion there is snapping and subluxation of the peroneus longus tendon with some grinding and crepitation

laterally. There appears to be some mild swelling of the right ankle with attempts at stabilizing (applying local pressure to the tendon to prevent subluxation) the ankle, the peroneus tendon laterally, some of the symptoms decrease. The patient has full range of motion of the ankle. The patient complains of pain medially of the left knee. There is tenderness over the medial aspect of the patellofemoral joint. X-rays taken in the office of the right ankle show no fractures. There is some osteoporosis present. The impression per the physician was that the patient does not have normal or full strength of the ankle. He feels a strengthening exercise program with a work hardening program for the ankle would be beneficial as well as acupuncture treatment. If the patient's symptoms worsen, he may need surgery to stabilize the lateral peroneus tendon. . The recommendation was for 12 additional work hardening/physical therapy treatments and 6 acupuncture treatments for the right ankle. Per documentation on 01/28/14, the patient presented an initial evaluation. The recommendation was for physical therapy. A 3/5/13 document indicates that the patient continues to have swelling and difficulty walking. He can only ambulate for 15 minutes. The patient is working. On exam, there is residual snapping and subluxation of the peroneal tendons with swelling laterally. The treatment plan was that the treating physician felt that the patient could continue to work regular duties. He recommends work hardening/strengthening and a proprioception program. He recommends acupuncture. He states that the patient may need future ankle surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 visits - right ankle: Upheld

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

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

Decision rationale: Physical Therapy x 12 visits - right ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request exceeds the recommended number of visits for this condition. The patient has had prior PT but there are no documents from physical therapy submitted with evidence of functional improvement from these sessions. The patient has had prior therapy for the ankle. It is unclear from the documentation how many visits for the ankle he has had already. The patient should be versed in a home exercise program. The request for Physical Therapy x 12 visits - right ankle is not medically necessary.

Acupuncture x 6 visits - right ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture x 6 visits is medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The guidelines state that the time to produce functional improvement: 3 to 6 treatments. The guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The documentation does not reveal that the patient has attempted acupuncture. The request for acupuncture x 6 visits is medically necessary.