MAXIMUS Federal Services

Case Number:	CM13-0022098		
Date Assigned:	10/16/2013	Date of Injury:	09/28/2010
Decision Date:	04/20/2015	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 9/28/10. He has reported left ankle injury after driving a golf cart and hitting a bump and his left foot struck the asphalt hyper plantar flexing his left foot and ankle. The diagnoses have included left ankle sprain and left ankle injury with suspected medial malleolus fracture (avulsion fracture). Treatment to date has included medications, surgery, casting, diagnostics, physical therapy, Home Exercise Program (HEP), ankle brace and use of a cane. Surgery has included left foot surgery on 12/8/11. Currently, as per the physician progress note dated 7/22/13, the injured worker complains of ongoing left knee pain rated 4/10 on pain scale and left foot and ankle pain rated 6/10 on pain scale. The pain is worse with increased activity and prolonged sitting or standing. Physical exam of the left ankle and foot revealed tenderness to palpation of the left ankle, with mild swelling. There was painful anterior drawer sign and guards at the posterior tibial tendon area. There was decreased sensation to light touch in the dorsum and medial aspect left ankle and foot. There was positive Tinel's sign over tarsal tunnel and ankle brace was present. The treatment plan was to request chiropractic treatment to the left ankle and knee, podiatry follow up, and ongoing care with interventional pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO/PHYSIO 2 X 4 WEEKS ON LEFT ANKLE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369,Chronic Pain Treatment Guidelines Physical Medicine, Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle Chapter, Physical Therapy (PT).

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

Decision rationale: The patient presents with left knee pain rated 4/10 and left foot/ankle pain rated 6/10. The patient's date of injury is 09/28/10. Patient is status post unspecified left foot surgery on 12/08/11. The request is for CHIRO/PHYSIO 2X4 WEEKS ON LEFT ANKLE. The RFA is dated 07/22/13. Physical examination dated 07/22/13 reveals tenderness to palpation of the left ankle around the peroneal tendons, posterior tibial tendon, and syndesmotic ligament. Treater also notes diffuse swelling of the ankle and decreased sensation in the foot. Knee examination reveals patellofemoral crepitus with motion and decreased range of motion on extension. The patient's medication regimen was not provided. Diagnostic imaging included MRI of the left ankle dated 07/12/11, significant findings include: "Medial malleolar and medial talar dome marrow edema... small os naviculare is seen... mild Achilles tendinosis with minimal ossification at achilles insertion." Per 07/22/13 progress note, patient is classified as temporarily partially disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the treater is requesting what appears to be the initial series of physical therapy directed at the left ankle. There is no evidence in the documentation provided that this patient has undergone any physical therapy for this complaint to date. The requested 8 visits falls within MTUS recommendations, which allow up to 10. As the patient has not had any physical therapy to date, an 8 session course is appropriate. Therefore, the request IS medically necessary.

ONGOING CARE FOR INTERVENTIONAL PAIN MANAGEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with left knee pain rated 4/10 and left foot/ankle pain rated 6/10. The patient's date of injury is 09/28/10. Patient is status post unspecified left foot surgery on 12/08/11. The request is for ONGOING CARE FOR INTERVENTIONAL PAIN MANAGEMENT. The RFA is dated 07/22/13. Physical examination dated 07/22/13 reveals tenderness to palpation of the left ankle around the peroneal tendons, posterior tibial tendon, and syndesmotic ligament. Treater also notes diffuse swelling of the ankle and decreased sensation in the foot. Knee examination reveals patellofemoral crepitus with motion and decreased range of

motion on extension. The patient's medication regimen was not provided. Diagnostic imaging included MRI of the left ankle dated 07/12/11, significant findings include: "Medial malleolar and medial talar dome marrow edema... small os naviculare is seen... mild Achilles tendinosis with minimal ossification at achilles insertion." Per 07/22/13 progress note, patient is classified as temporarily partially disabled for 6 weeks. American College of Occupational and Environmental Medicine ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for continuing consultation with a pain management provided, the referral appears reasonable. Progress reports provided do not provide a detailed history of this patient's pain consultations. The most recent progress report, dated 07/22/13 does not discuss a specific reason for continued consultation with a pain specialist. However, this patient's chronic pain symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the treater's discretion. Therefore, the request IS medically necessary.

PODIATRY FOLLOW UPS (UNSPECIFIED NUMBER): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with left knee pain rated 4/10 and left foot/ankle pain rated 6/10. The patient's date of injury is 09/28/10. Patient is status post unspecified left foot surgery on 12/08/11. The request is for PODIATRY FOLLOW UPS UNSPECIFIED NUMBER. The RFA is dated 07/22/13. Physical examination dated 07/22/13 reveals tenderness to palpation of the left ankle around the peroneal tendons, posterior tibial tendon, and syndesmotic ligament. Treater also notes diffuse swelling of the ankle and decreased sensation in the foot. Knee examination reveals patellofemoral crepitus with motion and decreased range of motion on extension. The patient's medication regimen was not provided. Diagnostic imaging included MRI of the left ankle dated 07/12/11, significant findings include: "Medial malleolar and medial talar dome marrow edema... small os naviculare is seen... mild Achilles tendinosis with minimal ossification at achilles insertion." Per 07/22/13 progress note, patient is classified as temporarily partially disabled for 6 weeks. American College of Occupational and Environmental Medicine - ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for follow up consultation with a podiatrist, the referral appears reasonable. Progress reports provided do not indicate that this

patient has had any visits with a podiatrist to date. The most recent progress report, dated 07/22/13 does not discuss a specific reason for continued consultation a podiatrist, though this patient does have complicated bilateral foot and ankle complaints. This patient's foot symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the treater's discretion. Therefore, the request IS medically necessary.