MAXIMUS Federal Services

Case Number:	CM14-0197316		
Date Assigned:	12/17/2014	Date of Injury:	10/10/2010
Decision Date:	01/31/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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:

This is a 50 year old female who suffered an industrial related injury on 10/10/10. A physician's report dated 7/8/14 noted the injured worker received a lumbar epidural injection on 5/21/14 that mildly improved the pain. The injured worker had complaints of multiple joint pain that radiated to the lower back, left thigh, and right thigh. Physical examination findings revealed the lumbar range of motion was restricted to 40 degrees of flexion and by 5 degrees of extension. On palpation, tenderness was noted on the left side and spinous process tenderness was noted at L3-5. A straight leg raise test was negative on both sides. The left knee range of motion was restricted with flexion to 110 degrees. Tenderness to palpation is noted over the lateral joint line, medial joint line, and patella and quadriceps tendon. Diagnoses included pain in the joint of the lower leg, reflex sympathetic dystrophy of lower limbs, thoracic or lumbosacral neuritis or radiculitis, and arthropathy of the lower leg. A physician's report dated 9/25/14 noted the injured worker would benefit from 8 sessions of physical therapy for the left knee and ankle in order to improve her functional abilities and decrease pain. A physician's report dated 11/13/14 noted the injured worker had continued complaints of joint pain. Physical examination findings had not changed. The injured worker was noted to be temporarily totally disabled. The treating physician noted the injured worker required x-rays for the right knee due to increasing tenderness and pain. On 11/1/14 the utilization review (UR) physician denied the request for 1 x-ray of the left ankle and modified the request for 8 physical therapy sessions for the left ankle. Regarding the x-ray the UR physician noted plain film radiographs of the foot or ankle and special imaging studies are not recommended during the first month of activity limitation except when a red flag noted on history of examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Regarding physical therapy the UR physician noted that based on the ankle

findings submitted as well as the lack of care for the ankle to date the request is modified to 2 physical therapy sessions for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy for The Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, 376.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle Section, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the left ankle eight sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration of physical therapy according to disease states. In this case, the injured worker's working diagnoses are pain in joint of lower leg; reflex sympathetic dystrophy of lower limb; thoracic/lumbosacral neuritis or radiculitis not otherwise specified; and arthropathy not otherwise specified of the lower leg. A review of progress notes dated July 2014, August 2014, October 2014, and November 2014, do not contain any subjective or objective findings of an ankle abnormality. Additionally, the diagnoses do not list the specific ankle abnormality. There was a progress note from the physical therapist and medical records that indicate skilled physical therapy and home exercise is appropriate for the ankle. However, there was no clinical indication from the treating physician in the medical record indicating the medical necessity based on subjective and objective findings. Utilization review approved two physical therapy sessions out of the eight requested. The requesting physician ordered eight physical therapy sessions, however, the guidelines recommend a six visit clinical trial followed by a formal assessment. Consequently, absent the appropriate clinical documentation by the treating physician, 8 physical therapy sessions of left ankle are not medically necessary.

X-Ray for The Left Ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, Plain Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the left ankle are not medically necessary. The guidelines enumerate the indications for plain film x-rays. They

include, but are not limited to, trauma with an inability to weight bear immediately after the injury, etc. Plain films are routinely obtained to exclude arthritis, infection, fracture or neoplasm. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are pain in joint of lower leg; reflex sympathetic dystrophy of lower limb; thoracic/lumbosacral neuritis or radiculitis not otherwise specified; and arthropathy not otherwise specified of the lower leg. A review of progress notes dated July 2014, August 2014, October 2014, and November 2014, do not contain any subjective, objective findings of an ankle abnormality. Additionally, the diagnoses do not list the specific ankle abnormality. There was a progress note from the physical therapist and medical records that indicate skilled physical therapy and home exercise is appropriate. However, there was no clinical indication from the treating physician in the medical record indicating the medical necessity based on subjective and objective findings. Consequently, absent the appropriate clinical history and physical examination with objective findings, x-rays of the left ankle are not medically necessary.