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| Case Number: | CM14-0204499 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 05/07/2012 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 31 year old female with an injury date of 05/07/12. Based on the 07/30/13 progress report provided by treating physician, the patient complains of pain to the left knee rated 3-6/10 and pain to the left ankle rated 7-9/10. The patient is status post left foot and ankle surgery 01/28/13. Physical examination of the left knee on 07/30/13 revealed tenderness to palpation to the medial and lateral joint lines, with minimal swelling. Painful patellofemoral range of motion, and positive crepitus. Range of motion was decreased on flexion 140 degrees. Examination of left ankle revealed well-healed scar, tenderness to palpation over the medial and lateral joint lines and decreased range of motion and 4/5 strength in all planes. Per progress report dated 07/30/13, treater plans for patient "to continue with chiropractic/physiotherapy 2 times a week of 4 weeks to the left knee and left ankle..." and home exercise program. Diagnosis 07/30/13:- Status post left foot and ankle surgery on 01/28/13.- left knee chondromalacia patella - left knee severe degenerative joint disease- left ankle mild midfoot degenerative joint disease The utilization review determination being challenged is dated 11/17/14. The rationale is "This claimant has had extensive pt/chiro for this chronic condition. There were no subjective benefits noted from PT. Likewise, no objective improvement from PT was documented. There was also no documentation as to why the claimant is not able to continue with rehabilitation on a HEP (home exercise program) basis."Treatment report dated 07/30/13 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic to left ankle 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and treatments Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (Acute and Chronic) Guidelines for Chiropractic care.

Decision rationale: The patient presents with pain to the left knee rated 3-6/10 and pain to the left ankle rated 7-9/10. The request is for chiropractic to left ankle 2x4. Patient is status post left foot and ankle surgery. Patient's diagnosis included left knee Chondromalacia patella, left knee severe degenerative joint disease, and left ankle mild mid-foot degenerative joint disease. MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58, 59) "Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." ODG-TWC, Ankle and Foot (Acute and Chronic) Guidelines for Chiropractic care state: "Not recommended. There is limited evidence from trials to support the use of manipulation for treating disorders of the ankle and foot, although it is commonly done and there is anecdotal evidence of its success." Per progress report dated 07/30/13, treater plans for patient "to continue with chiropractic/ physiotherapy 2 times a week of 4 weeks to the left knee and left ankle." and home exercise program. Patient has had chiropractic, however treatment history has not been discussed and there is not documentation of objective improvement in function. Furthermore, ODG guidelines do not recommend chiropractic treatment for the ankle and foot as there is limited clinical trial evidence of efficacy. Therefore, this request is not medically necessary.

Physiotherapy to left ankle 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) Chapter, under Physical Medicine.

Decision rationale: The patient presents with pain to the left knee rated 3-6/10 and pain to the left ankle rated 7-9/10. The request is for physiotherapy to left ankle 2x4. Patient is status post left foot and ankle surgery from more than a year ago. Patient's diagnosis included left knee Chondromalacia patella, left knee severe degenerative joint disease, and left ankle mild mid-foot degenerative joint disease. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, under Physical Medicine states: "ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Fracture of ankle (ICD9 824): Medical treatment: 12 visits over 12 weeks Post-surgical treatment: 21 visits over 16 weeks" MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 07/30/13, treater plans for patient "to continue with chiropractic/ physiotherapy 2 times a week of 4 weeks to the left knee and left ankle..." and home exercise program. The treater does not mention how many sessions the patient has had and the treater does not discuss why patient requires formalized therapy other than for subjective pain. MTUS allows up to 10 sessions for non-post-operative therapy and it would appear the current request would exceed this number and the patient should be able to transition in to a home exercise program. The request is not medically necessary.