

Case Number:	CM14-0206145		
Date Assigned:	12/18/2014	Date of Injury:	05/03/2013
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 employee was a 51 year old female who sustained an industrial injury on 05/03/13. Her diagnoses included left ankle pain, left ankle sprain, tibialis posterior tenosynovitis, deltoid ligament sprain and degenerative osteoarthritis left ankle. Her treatment included physical therapy, immobilization in a boot, rest, NSAIDs, orthotics, left ankle injection and medications. An MRI of the left ankle in June 2013 showed sprain of the deltoid ligament involving the deep fibers of the deltoid ligament, edema in the sinus tarsi fat, type I tear of the tibialis posterior tendon with tenosynovitis and tendinopathy of the Achilles tendon. MRI of the left ankle in Feb 2014 showed edema to the distal tibialis posterior tendon suggesting tendinosis and longitudinal partial tearing of the peroneus brevis tendon, increased signal in the deltoid ligament complex and early degenerative changes in the distal tibial plafond. The note from 11/3/14 was reviewed. Complaints included persistent left foot and ankle pain that was 7/10 in severity. Her ankle gave out frequently. Objective findings included antalgic gait, tenderness noted in the left deltoid ligament and left posterior tibial tendon region with pain on range of motion and decreased strength of 4/5 in the left ankle dorsi and plantar flexion. Diagnoses included left ankle pain, tibialis posterior tenosynovitis, left ankle sprain, deltoid ligament sprain and osteoarthritis of left ankle. The plan of care included TENS trial and 6-8 sessions of PT with ultrasound to minimize pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-8 sessions of physical therapy for the left ankle: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Physical therapy

Decision rationale: The employee was a 51 year old female who sustained an industrial injury on 05/03/13. Her diagnoses included left ankle pain, left ankle sprain, tibialis posterior tenosynovitis, deltoid ligament sprain and degenerative osteoarthritis left ankle. Her treatment included physical therapy, immobilization in a boot, rest, NSAIDs, orthotics, left ankle injection and medications. An MRI of the left ankle in June 2013 showed sprain of the deltoid ligament involving the deep fibers of the deltoid ligament, edema in the sinus tarsi fat, type I tear of the tibialis posterior tendon with tenosynovitis and tendinopathy of the Achilles tendon. MRI of the left ankle in Feb 2014 showed edema to the distal tibialis posterior tendon suggesting tendinosis and longitudinal partial tearing of the peroneus brevis tendon, increased signal in the deltoid ligament complex and early degenerative changes in the distal tibial plafond. The note from 11/3/14 was reviewed. Complaints included persistent left foot and ankle pain that was 7/10 in severity. Her ankle gave out frequently. Objective findings included antalgic gait, tenderness noted in the left deltoid ligament and left posterior tibial tendon region with pain on range of motion and decreased strength of 4/5 in the left ankle dorsi and plantar flexion. Diagnoses included left ankle pain, tibialis posterior tenosynovitis, left ankle sprain, deltoid ligament sprain and osteoarthritis of left ankle. The plan of care included TENS trial and 6-8 sessions of PT with ultrasound to minimize pain and swelling. According to ODG, up to 9 visits over 8 weeks are allowed for ankle and foot sprain, 9 visits over 5 weeks for Achilles tendonitis and for arthritis, 9 visits are recommended over 8 weeks. The employee had ongoing ankle pain and instability around the ankle with MRI showing ongoing tendinosis and degenerative changes. There is no history of recent physical therapy treatment in the records provided for review. So the request for 6-8 physical therapy visits is medically necessary and appropriate.