

Case Number:	CM14-0207841		
Date Assigned:	12/19/2014	Date of Injury:	04/24/2012
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 56-year old female who sustained an industrial injury on 04/24/12 when she tripped over a tile that was sticking out. She was diagnosed with left ankle sprain/strain and left Achilles tendinitis. Doctor's first report of occupational injury from 10/06/14 was reviewed. Subjective complaints included back pain, left leg pain and left ankle pain. Pertinent examination findings included antalgic gait, lumbosacral spine tenderness to palpation with bilateral paraspinal muscles/sacroiliac joints/sciatic notch/posterior iliac crest/gluteal muscles and decreased range of motion. There was positive straight leg raising test at 30 degrees on right. There was bilateral lower leg swelling with trophic changes, tenderness to palpation anteriorly on the left, left medial/lateral aspects, left ankle swelling and tenderness to palpation around ankle with left foot swelling. Left ankle/knee/toes decreased motor strength at 4/5 and left lower extremity decreased sensation to light touch and pinprick. Diagnoses included lumbosacral spine discogenic disease with radiculitis, left lower leg swelling with trophic changes, left Achilles tendinitis and left ankle sprain/strain. The plan of care included ECSWT for the left ankle, FCE and physical therapy for the lumbar spine and left ankle 2 times a week for 6 weeks. Her prior treatment included physical therapy and medications. An MRI of lumbar spine on 09/25/14 showed L4-5 1-2 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy with bilateral exiting nerve root compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy (ECSWT) x 4 visits to the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 114, 369-371, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Extracorporeal shock wave therapy.

Decision rationale: The employee was a 56-year old female who sustained an industrial injury on 04/24/12 when she tripped over a tile that was sticking out. She was diagnosed with left ankle sprain/strain and left Achilles tendinitis. Doctor's first report of occupational injury from 10/06/14 was reviewed. Subjective complaints included back pain, left leg pain and left ankle pain. Pertinent examination findings included antalgic gait, lumbosacral spine tenderness to palpation with bilateral paraspinal muscles/sacroiliac joints/sciatic notch/posterior iliac crest/gluteal muscles and decreased range of motion. There was positive straight leg raising test at 30 degrees on right. There was bilateral lower leg swelling with trophic changes, tenderness to palpation anteriorly on the left, left medial/lateral aspects, left ankle swelling and tenderness to palpation around ankle with left foot swelling. Left ankle/knee/toes decreased motor strength at 4/5 and left lower extremity decreased sensation to light touch and pinprick. Diagnoses included lumbosacral spine discogenic disease with radiculitis, left lower leg swelling with trophic changes, left Achilles tendinitis and left ankle sprain/strain. The plan of care included ECSWT for the left ankle, FCE and physical therapy for the lumbar spine and left ankle 2 times a week for 6 weeks. Her prior treatment included physical therapy and medications. An MRI of lumbar spine on 09/25/14 showed L4-5 1-2 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy with bilateral exiting nerve root compromise. According to ACOEM guidelines, limited evidence existed regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. According to ODG, there was no convincing evidence for recommendation of ESWT for Achilles tendinopathy. The employee had ankle pain and left Achilles tendonitis. Hence the request for ECSWT is not medically necessary and appropriate.

Physical therapy 2x6 left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Physical therapy.

Decision rationale: The employee was a 56-year old female who sustained an industrial injury on 04/24/12 when she tripped over a tile that was sticking out. She was diagnosed with left ankle sprain/strain and left Achilles tendinitis. Doctor's first report of occupational injury from

10/06/14 was reviewed. Subjective complaints included back pain, left leg pain and left ankle pain. Pertinent examination findings included antalgic gait, lumbosacral spine tenderness to palpation with bilateral paraspinal muscles/sacroiliac joints/sciatic notch/posterior iliac crest/gluteal muscles and decreased range of motion. There was positive straight leg raising test at 30 degrees on right. There was bilateral lower leg swelling with trophic changes, tenderness to palpation anteriorly on the left, left medial/lateral aspects, left ankle swelling and tenderness to palpation around ankle with left foot swelling. Left ankle/knee/toes decreased motor strength at 4/5 and left lower extremity decreased sensation to light touch and pinprick. Diagnoses included lumbosacral spine discogenic disease with radiculitis, left lower leg swelling with trophic changes, left Achilles tendinitis and left ankle sprain/strain. The plan of care included ECSWT for the left ankle, FCE and physical therapy for the lumbar spine and left ankle 2 times a week for 6 weeks. Her prior treatment included physical therapy and medications. An MRI of lumbar spine on 09/25/14 showed L4-5 1-2 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy with bilateral exiting nerve root compromise. According to MTUS Chronic Pain Medical treatment guidelines and ODG, upto 9 visits over 8 weeks are recommended for ankle and foot sprain and upto 8-10 visits over 4 weeks are recommended for radiculitis. The employee had not had recent physical therapy in the submitted medical records. Hence the request for physical therapy is medically necessary and appropriate for lumbar and left ankle pain.