

Case Number:	CM14-0036809		
Date Assigned:	06/25/2014	Date of Injury:	12/20/2012
Decision Date:	01/07/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 and Rehabilitation, 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 27 year old female with an injury date of 12/20/12. Based on the 02/18/14 progress report provided by treating physician, the patient complains of right ankle and low back pain. Patient is status post left ankle arthroscopy and debridement for diagnosis of left ankle internal derangement 12/06/13. Patient's pain rating was 9/10 pre-op, and 5/10 postop. Physical examination to the lumbar spine revealed tenderness to palpation to over the paraspinal muscles. Range of motion was normal. Straight leg raise test negative. Treater is recommending continuation of physical therapy with range of motion and strengthening for the left ankle. Treater is requesting MRI of the lumbar spine to rule out disc herniation. Patient may return to modified work. Diagnosis 02/18/14, status post left ankle arthroscopy, with significant improvement. The utilization review determination being challenged is dated 03/17/14. Treatment reports were provided from 10/28/13 - 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 3X4 for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter, Physical therapy (PT)

Decision rationale: Patient is status post left ankle arthroscopy and debridement for diagnosis of left ankle internal derangement 12/06/13, and presents with ankle and low back pain. The request is for PHYSICAL THERAPY 3 X 4 FOR LEFT ANKLE, per treater report dated 02/18/14. Patient's pain rating was 9/10 preop, and 5/10 postop. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter 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. Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks, Post-surgical treatment: 34 visits over 16 weeks." Patient is still within postoperative treatment time frame. Per progress report dated 02/18/14, treater is recommending "continuation of physical therapy with range of motion and strengthening for the left ankle." It appears patient has had previous physical therapy sessions, but it is not known how many sessions took place. The requested 12 sessions would appear reasonable given patient's postoperative status. However, a decision based on ODG guidelines cannot be made without previous treatment history. Furthermore, there is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Recommendation is for denial.

MRI (magnetic resonance images) of lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM ,magnetic resonance

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging) (L-spine)

Decision rationale: Patient is status post left ankle arthroscopy and debridement for diagnosis of left ankle internal derangement 12/06/13, and presents with ankle and low back pain. The request is for MRI (MAGNETIC RESONANCE IMAGES) OF LUMBAR SPINE WITHOUT CONTRAST. Patient's pain rating was 9/10 preop, and 5/10 postop. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: " Indications for imaging -- Magnetic resonance imaging: - Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." Per progress report dated 02/18/14, treater is requesting MRI of the lumbar spine to rule out disc herniation. Physical examination to the lumbar spine on 02/18/14 revealed tenderness to palpation to over the paraspinal muscles, and range of motion was normal. Straight leg raise test was negative. In review of reports, patient does not present with radicular symptoms to the lumbar spine and physical examination findings do not support radiculopathy. There is no trauma to the spine, and no evidence of red flags. The request does not meet guideline criteria. Recommendation is for denial.

