

Case Number:	CM15-0004214		
Date Assigned:	01/15/2015	Date of Injury:	01/10/2013
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Indiana, New York
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 injured worker is a 55 year old female, who sustained an industrial injury on January 10, 2013. She has reported right ankle pain after foot got trapped between the middle gate and ground and she fell on the ground. The diagnoses have included osteochondral defect of the right ankle, cartilage fracture with loose bodies in the right ankle joint and mild hypertension. Treatment to date has included X-ray of right ankle, splinting and immobilizer, pain medication and injections. On December 26, 2014, Utilization Review non-certified a physical therapy three times four weeks for the bilateral ankle and customize orthotics for the bilateral ankle (purchase), noting, Official Disability Guidelines was cited. On December 18, 2014, the injured worker submitted an application for IMR review for physical therapy three times four weeks for the bilateral ankle and customize orthotics for the bilateral ankle (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Customize orthotics for the bilateral ankle (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle section, Orthotics

Decision rationale: Pursuant to the Official Disability Guidelines, custom orthotics bilateral ankle for purchase is not medically necessary. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthoses should be prescribed cautiously in those who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom-made orthoses in people who stand more than eight hours. In this case, the injured worker's working diagnoses are osteochondral defect of the right ankle; loose bodies of the right ankle; and sprain/strain of the ankle and painful gait. Subjectively, the injured worker presents for preoperative evaluation regarding surgical intervention for arthroscopic surgery of the right ankle. Objectively, there is swelling and edema of the right ankle. The injured worker ambulates with an ankle brace on the right side. Muscle strength is normal for the intrinsic and extrinsic musculature. Surgical operative note from October 3, 2014 states "extensive debridement of right ankle with removal of loose bodies, parcel synovectomy and application of posterior splint." There are no progress notes in the medical records posted three to review. The progress report with the request for authorization was absent from the medical record. It is unknown if the injured worker had undergone prior physical therapy due to missing records. The documentation does not contain a clinical indication for orthotics. Orthotic devices are recommended for plantar fasciitis and foot pain rheumatoid arthritis. Both prefabricated and custom orthotics devices are recommended for plantar heel pain that includes plant of fasciitis, plantar fasciosis and heel spurs syndrome. There is no documentation with the clinical indication or rationale for custom orthotics for the ankles bilaterally. Consequently, absent clinical documentation to support custom orthotics for the ankles bilaterally, custom orthotics bilateral ankle for purchase is not medically necessary.

Physical therapy 3 x 4 weeks for the bilateral ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week for four weeks to the bilateral ankles 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). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteochondral defect of the right ankle; loose bodies of the right ankle; and sprain/strain of the ankle and painful gait. Subjectively, the injured worker presents for preoperative evaluation regarding surgical intervention for arthroscopic surgery of the right

ankle. Objectively, there is swelling and edema of the right ankle. The injured worker ambulates with an ankle brace on the right side. Muscle strength is normal for the intrinsic and extrinsic musculature. Surgical operative note from October 3, 2014 states "extensive debridement of right ankle with removal of loose bodies, parcel synovectomy and application of posterior splint." There are no progress notes in the medical records posted three to review. The progress report with the request for authorization was absent from the medical record. It is unknown if the injured worker had undergone prior physical therapy due to missing records. The documentation does not contain prior physical therapy. The documentation does not contain evidence of objective functional equipment (associated with prior physical therapy, if received). The documentation does not contain compelling clinical facts to warrant additional physical therapy. If the injured worker has not received physical therapy to date, the requesting physician exceeded the recommended guidelines. The guidelines recommend 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 treating physician requested 12 physical therapy sessions. In the alternative, if the injured worker received physical therapy, additional physical therapy is based on exceptional factors. The documentation does not contain compelling clinical facts/exceptional factors to warrant additional physical therapy. Consequently, absent clinical documentation supporting prior physical therapy versus no physical therapy to date, physical therapy three times per week times four weeks to the bilateral ankles is not medically necessary.