MAXIMUS Federal Services

Case Number:	CM15-0004884		
Date Assigned:	01/16/2015	Date of Injury:	08/04/2014
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 44-year-old female, with a reported date of injury of 08/04/2014. The diagnoses include right ankle fracture, and right wrist sprain. Treatments have included Norco, an x-ray of the right wrist, with no evidence of fracture, but a sprain, and an x-ray of the right ankle, which showed a closed right ankle supination/lateral rotation type 2 fracture.The medical records did not include the medical report from which the requests originate. The initial orthopedic evaluation dated 08/07/2014 indicates that the injured worker complained of frequent moderate pain in the right ankle and right wrist. The physical examination of the upper extremities showed tenderness over the triangular fibrocartilage complex region, no anatomic snuffbox tenderness; ability to flex, extend, abduct, adduct, and oppose all digits with normal strength, and intact sensation from L1-S2. An examination of the lower extremity showed swelling laterally with redness, significant tenderness over the lateral malleolus, tenderness over the distal tibia proximal to the malleolus, no significant tenderness over the deltoid ligament, ability to flex and extend her toes with good strength, and intact sensation from L1-S1.On 12/22/2014, Utilization Review (UR) denied the modified the request for physical therapy three times a week for six weeks for the right ankle and right wrist, noting that there was no documentation of significant success with the previous physical therapy sessions. The UR denied the request for right ankle diagnosis ultrasound guidance, noting limited documentation regarding the medical history and physician discussion of specific treatments that would be made

based on an ultrasound of the ankle. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6 right ankle and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface - Physical Therapy Hand (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.Medical documentation provided indicate this patient has attended 12 sessions of physical therapy. The treating physician has not provided documentation of objective functional improvement from the therapy that has been attended or expectations from additional therapy. As such, the request for Physical therapy 3x6 right ankle and right wrist is not medically necessary.

Right ankle Dx Ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot

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

Decision rationale: ODG states, Recommended. With proper expertise ultrasound may replace MRI. (ACR-foot, 2002) Compared with MRI, diagnostic ultrasound is useful but less accurate and sensitive (Kaminski, 2013).Indications for imaging Ultrasound: Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome, Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected, Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically.The medical documentation provided does not indicate the rationale behind a diagnostic ultrasound at

this time. As such, the request for Right ankle Dx Ultrasound guidance is not medically necessary.