

Case Number:	CM15-0134061		
Date Assigned:	07/22/2015	Date of Injury:	11/28/2012
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 60-year-old female who sustained an industrial injury on 11/28/12. Injury occurred when she was pushing a 100-pound bucket of cement mixture with her left leg, and lost her balance, twisting her body. She was diagnosed with a left medial meniscus tear and underwent surgery on 5/9/13 with residual left knee pain, and left ankle pain. The 12/20/14 left ankle MRI impression documented metallic artifacts along the medial malleolus likely due to prior surgery. There was tenosynovitis of the extensor digitorum longus tendon, and small effusion at the tibiotalar, talofibular and subtalar joints. The 12/20/14 left foot MRI impression documented thickening of the cuneocuboid ligament suggestive of a partial tear, and mild osteoarthropathy of the 1st metatarsophalangeal joint. The injured worker underwent left knee arthroscopy with partial medial meniscectomy, extensive synovectomy, and chondroplasty on 3/17/15. The 5/6/15 treating physician report cited continued left foot pain along the cuboid bone and difficulty with ambulation and weight bearing status. Left foot/ankle documented antalgic gait, normal vascular and dermatological exams, normal neurologic lower extremity exam, and 5/5 muscle strength. The treatment plan included left foot sprain/strain with partial tear of the cuneocuboid ligament. The treatment plan recommended orthotics for stabilization of gait, and physical therapy for 6 weeks. The 7/2/15 treating physician report cited continued grade 3/10 left knee pain and right knee pain due to compensation. She complained of intermittent grade 2-3/10 left ankle-foot pain. Orthotics were pending. The diagnoses have included status post left knee scope and left ankle partial and ligament tear. Naprosyn was prescribed. Authorization was requested for physical therapy for the left ankle, 3 times a week for 6 weeks, quantity: 18

sessions. The 6/17/15 utilization review non-certified the request for 18 sessions of physical therapy for the left ankle as there was no support for supervised therapy over a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left ankle, 3 times a week for 6 weeks, quantity: 18 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Physical therapy (PT).

Decision rationale: The California MTUS ACOEM guidelines generally recommend instruction in a home exercise program by a physical therapist. Recommendations include an initial and follow-up visit for education, counseling, and evaluation of home exercise program. MTUS Chronic Pain Medical Treatment Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines provide specific recommendations for physical therapy in ankle injuries and recommend up to 9 visits over 8 weeks for ankle/foot sprain or tendinitis. In general, a trial of 6 visits is recommended to assess functional response. Guideline criteria have not been met. This injured worker presents with chronic mild intermittent left ankle/foot pain. There is no current documentation of a specific functional deficit to be addressed by supervised physical therapy. A home exercise program would generally be supported with 2 visits of physical therapist instruction. This request markedly exceeds guidelines for home exercise program instruction and therapeutic treatment. Therefore, this request is not medically necessary.