

Case Number:	CM15-0163190		
Date Assigned:	08/31/2015	Date of Injury:	11/25/2012
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male who sustained an industrial injury on 11-25-12. The diagnosis is status post arthroscopy with extensive debridement and arthrotomy of sinus tarsi, peripheral nerve impairment of the peroneal nerve, and compression, nerve entrapment of the common peroneal nerve; superficial peroneal nerve and deep peroneal nerve. In a progress report dated 7-15-15, the primary treating physician notes the injured worker is now able to identify the nerve pain secondary to injury. He complains of numbness and tingling. The preoperative pain was rated 4 out of 10 but the new, different pain is rated 3 out of 10 and surgical pain is rated 2 out of 10. The pain was at the anterior medial ankle but is now over the sinus tarsi incision site and is a stretching pain, worse with inversion. The exam notes mild effusion, increased warmth, and a well-healed scar. Range of motion is good. Active range of motion causes pain on forced dorsiflexion. Forced plantar flexion causes a tightness-like pain in the ankle. He walks with a Cam walker (controlled ankle movement). Work status is temporary total disability for 4 weeks. The treatment plan is start weight bearing with brace and crutches start full weight bearing in one week, surgery will be planned for 8 weeks if nerve pain persists, and physical therapy. The requested treatment is physical therapy 2 times per week for 4 weeks for left foot-ankle and a CPM purchase (continuous passive motion).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks, Left Foot/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 Chapter, under Physical Therapy.

Decision rationale: The 54 year old patient is status post arthroscopy with extensive debridement and arthrotomy of sinus tarsi, and has been diagnosed with peripheral nerve impairment of the peroneal nerve, and compression and nerve entrapment of common peroneal nerve, superficial peroneal nerve, and the deep peroneal nerve, as per progress report dated 07/15/15. The request is for PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS, LEFT FOOT/ANKLE. The RFA for this case is dated 06/10/15, and the patient's date of injury is 11/25/12. As per progress report dated 07/01/15, the patient is experiencing bilateral ankle pain at 5/10 and bilateral knee pain at 3/10, and is status post left ankle surgery on 05/18/15. Diagnoses, as per progress report dated 05/22/15, included severe osteochondral damage at the ankle, status post synovectomy of sinus tarsi, right ankle tendon pain, possible right ankle arthritis, and tendonitis of extensor. The patient is temporarily totally disabled, as per progress report dated 07/15/15. MTUS does not discuss post-surgical physical therapy with respect to ankle surgeries. ODG guidelines, Ankle & Foot under Physical Therapy (PT), states: Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. For arthroplasty, the guidelines recommend 24 visits over 10 weeks. The request for 8 sessions of PT "to increase the strength and muscle mass of leg and to start range of motion of the ankle" is noted in progress report dated 06/10/15. In progress report dated 07/01/15, the treater states "patient is improving with physiotherapy with improvement in ability to walk longer." It is evident that the patient has had some PT. None of the progress reports document the number of sessions completed until now. The Utilization Review has denied the request as "The documentation does not outline the response to physical therapy that was recommended in June 2015 and it is not known how many sessions are completed to date." ODG guidelines recommend only 24 visits over a span of 10 weeks for patients undergoing arthrotomy. Given the lack of relevant documentation, the request IS NOT medically necessary.

CPM Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna HealthCare Coverage Position Number 0198.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter under CPM machine.

Decision rationale: The 54 year old patient is status post arthroscopy with extensive debridement and arthrotomy of sinus tarsi, and has been diagnosed with peripheral nerve impairment of the peroneal nerve, and compression and nerve entrapment of common peroneal nerve, superficial peroneal nerve, and the deep peroneal nerve, as per progress report dated 07/15/15. The request is for PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS, LEFT FOOT/ANKLE. The RFA for this case is dated 06/17/15, and the patient's date of injury is 11/25/12. As per progress report dated 07/01/15, the patient is experiencing bilateral ankle pain at 5/10 and bilateral knee pain at 3/10, and is status post left ankle surgery on 05/18/15. Diagnoses, as per progress report dated 05/22/15, included severe osteochondral damage at the ankle, status post synovectomy of sinus tarsi, right ankle tendon pain, possible right ankle arthritis, and tendonitis of extensor. The patient is temporarily totally disabled, as per progress report dated 07/15/15. ODG guidelines, Knee & Leg chapter under CPM machine state: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21). For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. As per progress report dated 06/10/15, the patient has been using a CPM machine at home, and the treater believes that the patient's "stiffness will be reduced by the CPM machine." Hence, the treater is requesting for a CPM purchase. ODG, however, supports the use of this machine for only up to 17 days after surgery. Purchasing the machine for long-term use is not indicated by the guidelines. Hence, the request IS NOT medically necessary.