

Case Number:	CM15-0192605		
Date Assigned:	10/06/2015	Date of Injury:	08/05/2014
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: Emergency 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:

This is a 43 year old male with a date of injury on 8-5-14. A review of the medical records indicates that the injured worker is undergoing treatment for right ankle pain. Progress report dated 8-18-15 reports continued complaints of right ankle pain rated 6 out of 10. The pain is described as moderate to severe, aching, burning, sharp and shooting. The pain radiates to the right calf and right ankle and is associated with numbness, in and needles, swelling, tingling, and weakness. The pain is relieved by heat, medications and rest. Objective findings include: right ankle restricted range of motion with pain and tenderness. Treatments include: medication, TENS unit, physical therapy, traction, acupuncture, nerve block injections and surgery. Request for authorization was made for 12 physiotherapy session and 3 cortisone injections. Utilization review dated 9-8-15 modified the request to certify 6 sessions of physiotherapy and 1 cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy sessions, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic) - Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The requested Physiotherapy sessions, 12 sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has right ankle pain rated 6 out of 10. The pain is described as moderate to severe, aching, burning, sharp and shooting. The pain radiates to the right calf and right ankle and is associated with numbness, in and needles, swelling, tingling, and weakness. The pain is relieved by heat, medications and rest. Objective findings include: right ankle restricted range of motion with pain and tenderness. Treatments include: medication, TENS unit, physical therapy, traction, acupuncture, nerve block injections and surgery. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for physical therapy beyond six sessions to accomplish a transition to a dynamic home exercise program or to establish functional improvement from a current trial. The criteria noted above not having been met, Physiotherapy sessions, 12 sessions is not medically necessary.

Cortisone injections, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

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, Steroids (injection).

Decision rationale: The requested Cortisone injections, Qty 3, is not medically necessary. CA MTUS is silent, Official Disability Guidelines, Ankle & Foot, Steroids (injection) note: "Under study. There is little information available from trials to support the use of peritendinous steroid injection in the treatment of acute or chronic Achilles tendinitis. (McLauchlan, 2002) Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post-injection response". The injured worker has right ankle pain rated 6 out of 10. The pain is described as moderate to severe, aching, burning, sharp and shooting. The pain radiates to the right calf and right ankle and is associated with numbness, in and needles, swelling, tingling, and weakness. The pain is relieved by heat, medications and rest. Objective findings include: right ankle restricted range of motion with pain and tenderness. Treatments include: medication, TENS unit, physical therapy, traction, acupuncture, nerve block injections and surgery. The treating physician has not documented the medical necessity for more than one cortisone injection and then re-evaluation. The criteria noted above not having been met, Cortisone injections, Qty 3 is not medically necessary.