

Case Number:	CM15-0201661		
Date Assigned:	10/16/2015	Date of Injury:	08/01/2012
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii

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 37 year old female who sustained an industrial injury on 08/01/2012. Her diagnoses are: rule out internal derangement, right hip, status post right ankle surgery 05-09-2013, and non-industrial motor vehicle accident with resultant fracture, spine. In provider notes of 07-30-2015, the worker is seen with an interpreter and complains of right ankle pain rated a 7 on a scale of 0-10. She has right hip pain that she rates a 5 on a scale of 0-10. She is on Tramadol, Naproxen, and pantoprazole. She reports the medications allow her to complete her activities of daily living, and have increased activity tolerance and improved functioning. On exam, she has right ankle tenderness greatest at joint line, plantar flexion 10 degrees, dorsiflexion 70 degrees, inversion 5 degrees, eversion 10 degrees. She favors her left lower extremity when walking and her gait is slow and deliberate. She has tenderness in her right hip with limited range of motion. In the provider notes of 08-27-2015, the injured worker complains of a feeling of tightness in the ankles. She again rates her pain in the right ankle as a 7 on a scale of 0-10. According to the worker, she has been treated with a failed injection, physical therapy, home exercise, and activity modifications. Objective findings include diffuse tenderness of the right ankle with markedly limited range of motion. Inversion was 10 degrees, eversion 10 degrees, plantar flexion, 15 degrees, dorsiflexion 15 degrees. She still favors her right ankle. The plan is for shockwave therapy to the right ankle and continue with concurrent physical therapy. A request for authorization was submitted for Shockwave therapy to right ankle 5mm depth #5, and Physical therapy to right ankle #12. A utilization review decision 09/25/2015 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to right ankle 5mm depth #5: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Ankle & Foot (Acute & Chronic).

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

Decision rationale: The patient presents with pain affecting the right ankle. The current request is for Shockwave therapy to right ankle 5mm depth #5. The treating physician report dated 8/27/15 (22B) notes that the request for shockwave therapy is to increase the patient's range of motion and decrease pain level. The MTUS guidelines do not address the current request. The ODG guidelines state the following: "Not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia." In this case, there is no evidence of the patient presenting with plantar fasciitis nor is there any discussion if the current request is for low or high energy ESWT. The current request does not satisfy the ODG guidelines as outlined in the "Ankle and Foot" chapter. The current request is not medically necessary.

Physical therapy to right ankle #12: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter (Acute & Chronic), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with pain affecting the right ankle. The current requests is for Physical therapy to right ankle. The treating physician report dated 8/27/15 (22B) states, "Continue with request for concurrent physical therapy right ankle, 3 times per week for 4 weeks." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right shoulder. The patient is status post right ankle surgery on 5/9/13 (22B). In this case, the patient has received an unknown amount of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.