

Case Number:	CM15-0046400		
Date Assigned:	03/18/2015	Date of Injury:	01/27/2012
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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: New York, Tennessee

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:

The injured worker is a 58 year old male, who sustained an industrial injury on January 27, 2012. The injured worker had reported a left ankle injury. The diagnoses have included a well seated total ankle arthroplasty of the left ankle and possible tarsal tunnel syndrome. Treatment to date has included medications, radiological studies, aqua therapy, physical therapy and left ankle surgery. Current documentation dated February 23, 2015 notes that the injured worker complained of left ankle pain. He reported a burning nerve pain into the longitudinal arch of the left foot. Physical examination of the left ankle revealed a decreased range of motion and a positive Tinel's sign over the tarsal tunnel. The injured worker was noted to walk with a shortened antalgic gait on the left. The treating physician's recommended plan of care included a request for physical therapy two times a week for six weeks to the left foot and ankle.

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 6 weeks to left foot and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; "and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had completed post surgical physical therapy for left total ankle arthroplasty done in July 2014. The patient complained that he was regressing without therapy. There is no documentation of objective evidence of functional decline without therapy and no documentation of the patient participating in a home exercise program. Further therapy is not indicated. The request is not medically necessary.