

Case Number:	CM15-0050069		
Date Assigned:	04/15/2015	Date of Injury:	08/07/2014
Decision Date:	07/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 65 year old female, who sustained an industrial injury on August 7, 2014. She reported left ankle pain. The injured worker was diagnosed as having left ankle fracture. Treatment to date has included radiographic imaging, diagnostic studies, a bone stimulator placement for associated gap in the previously fractured ankle, conservative care, medications and work restrictions. Currently, the injured worker complains of left ankle pain and right arm pain with associated sleep disruptions. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 10, 2014, revealed continued pain as noted. Bilateral orthotics, casting and physical therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for custom orthotics; orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines

Ankle & Foot Chapter, Ankle foot orthosis AFO Ankle & Foot Chapter Orthotics, Bilateral orthotics.

Decision rationale: Per the 03/03/15 report the patient presents with left ankle pain rated 4-5/10 s/p left ankle stabilization surgery 02/10/15. Her listed diagnoses include Traverse fracture of left ankle distal fibula per x-rays of 01/20/15. The current request is for bilateral orthotics per the 03/11/15 RFA included. The patient is temporarily Totally Disabled for 6 weeks. ACOEM and MTUS do not specifically discuss shoes. The MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG, Ankle & Foot Chapter, Ankle foot orthosis AFO states the following, Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery." ODG, Ankle & Foot Chapter Orthotics states, "Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems." The treating physician states in the 03/09/15 report, "I would also like for her to be casted for new custom molded medically indicated rigid orthotics in the very near future to help give her the biomechanical support and stability that she is currently lacking and also to help maintain the surgical correction and gave (sic) for ankle support." While ODG recommends ankle foot orthoses for surgical recovery, ODG specifically does not recommend bilateral foot orthotics/orthoses for treatment of unilateral foot problems. The reports provided for review provide clinical evidence of only left ankle deficiencies. In this case, the request is not medically necessary.

Bilateral casting, Casting supplies: 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. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot Chapter, Ankle foot orthosis AFO Ankle & Foot Chapter Orthotics, Bilateral orthotics.

Decision rationale: Per the 03/03/15 report the patient presents with left ankle pain rated 4-5/10 s/p left ankle stabilization surgery 02/10/15. Her listed diagnoses include Traverse fracture of left ankle distal fibula per x-rays of 01/20/15. The current request is for bilateral casting, casting supplies per the 03/11/15 RFA included. The patient is temporarily Totally Disabled for 6 weeks. ACOEM and MTUS do not specifically discuss shoes. The MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG, Ankle & Foot Chapter, Ankle foot orthosis AFO states the following, "Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. "ODG, Ankle & Foot Chapter Orthotics states, "Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems." The treating physician states in the 03/09/15 report, "I would also like for her to be casted for new custom molded medically indicated rigid orthotics in the very near future to help give her the biomechanical support and stability that she is currently lacking and also to help maintain the surgical correct and gave (sic) for ankle support." While ODG recommends ankle foot orthoses for surgical recovery, ODG specifically does not recommend bilateral foot orthotics/orthoses for treatment of unilateral foot problems. The reports provided for review provide clinical evidence of only left ankle deficiencies. Furthermore, this request is associated

with the above request for bilateral orthotics that has been recommended as not medically necessary. In this case, the request is not medically necessary.

Range of Motion x 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Range of motion, low back chapter regarding range of motion does discuss flexibility.

Decision rationale: Per the 03/03/15 report the patient presents with left ankle pain rated 4-5/10 s/p left ankle stabilization surgery 02/10/15. Her listed diagnoses include Traverse fracture of left ankle distal fibula per x-rays of 01/20/15. The current request is for range of motion x2 per the 03/11/15 RFA included. The patient is temporarily Totally Disabled for 6 weeks. The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or muscle strength test. ODG, Ankle & Foot chapter does not discuss range of motion; however, ODG, Shoulder Chapter and ODG Low Back Chapter provide some guidance. ODG Shoulder Chapter, Range of motion, states, "Recommended. Range of motion of the shoulder should always be examined in cases of shoulder pain." ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines has the following, "Not recommended as the primary criteria, but should be part of a routine musculoskeletal evaluation." The treating physician does not discuss the reason for this request. ODG guidelines consider examination such as range of motion part of a routine musculoskeletal evaluation and the treating physician does not explain why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. The request is not medically necessary.

Physical Therapy 2-3 x 4-6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute & Chronic): Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-13.

Decision rationale: Per the 03/03/15 report the patient presents with left ankle pain rated 4-5/10 s/p left ankle stabilization surgery 02/10/15. Her listed diagnoses include Traverse fracture of left ankle distal fibula per x-rays of 01/20/15. The current request is for physical therapy 2-3 X 4-6 weeks per the 03/11/15 and 03/23/15 RFA's included. The patient is temporarily Totally Disabled for 6 weeks. The MTUS, Post surgical guidelines, Ankle & Foot, states, "Fracture of ankle: Postsurgical treatment: 21 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." The patient is within a post-surgical treatment period. The treating physician states in the 03/09/15 report, "The plan is to now start to move the patient more forward in the healing process. I would like for her to start physical therapy as soon as possible." In this case, the patient's left ankle deficiencies s/p ankle surgery are well documented and the 8 to 18 sessions requested are within what is allowed by the MTUS guidelines for post-surgical therapy. The request is medically necessary.

