

<b>Case Number:</b>	CM14-0145402		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59 year old female who was injured on 11/3/2008. Mechanism of injury is unknown; medication history included topical medicine and narcotics. Patient underwent right ankle surgery. Conservative treatment history included physical therapy of right ankle, ankle brace and orthopedic shoe. A progress report indicates the patient presents demonstrating continuation of symptomatology regarding the right ankle. She states the right ankle is becoming progressively worse. She is ambulating with orthotics and is doing moderately better regarding these issues, she continues to have issues regarding the right ankle with prolonged ambulation of more than approximately 20 minutes and standing more than a half hour which increases her pain. Objective finding during examination revealed the patient demonstrates continuation of pes planus deformity bilaterally as well as subluxation of ankles bilaterally. The patient demonstrates continuation of some increased edema to the right ankle overall. The Achilles and patellar reflexes are 2+/4 bilaterally and symmetrically. Babinski is not present, and clonus is not elicited bilaterally. The gait is normal. All epicritic sensations are intact including light touch, sharp/dull, proprioception, and vibratory. Muscle strength is within normal limits for all extrinsic and intrinsic musculature controlling dorsiflexion, plantar flexion, inversion, and eversion muscles testing is as dorsiflexion, plantar flexion, inversion, eversion is 5/5 in all planes. The patient is ambulating in full weight bearing status with regular shoe gear. The patient does continue to demonstrate symptomatology of pain regarding the right ankle both medially and anteriorly as well as centrally with deep palpation. The patient does demonstrate symptoms of the ankle with range of motion. The patient was diagnosed with degenerative joint disease of the right ankle and status post arthroscopic surgery right ankle. The patient was recommended MRI right ankle and physical therapy right ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI, Right Ankle DOS: 8/19/14: 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 & Foot (updated 7/29/14) Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot , MRI ankle joint.

**Decision rationale:** The ODG reflects that repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Most recent office visit notes the claimant has normal gait, no sensory loss, no significant changes in muscle testing. She was wearing regular shoe gear. Therefore, based on the records provided, there is no indication for a repeat MRI at this juncture without physical exam findings of deterioration.

### **Physical therapy Right Ankle DOS: 8/19/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 7/29/14) Physical Therapy (PT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, physical therapy of ankle.

**Decision rationale:** The MTUS Chronic Pain Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Per the records provided, this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The MTUS Chronic Pain Guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical necessity of the request is not established.