

Case Number:	CM14-0196320		
Date Assigned:	12/04/2014	Date of Injury:	02/05/2014
Decision Date:	01/20/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Medicine and is licensed to practice in New York. 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 injured worker is a 68 year-old female who was injured on 2/5/14 when she fell and landed on her left side. She complained of pain and swelling in the left lateral ankle hind foot. On exam, she ambulated with pain and had mild left ankle swelling and inflammation, tenderness and decreased range of motion. A 6/2014 left ankle magnetic resonance imaging (MRI) showed severe tendinosis of the distal portion of the left tibialis posterior tendon, mild left plantar fasciitis, edema of the left sinus tarsi, mild degenerative changes of the left talo navicular joint, mild degenerative subchondral edema in the posterior aspect of the left posterior subtalar. A left foot magnetic resonance imaging (MRI) showed mild osteoarthritis of the left first metatarsophalangeal joint, degenerative subchondral edema of the left second tarsometatarsal joint, and bone marrow edema in the left medial hallux sesamoid bone. She was diagnosed with pain in joint of ankle and foot, calcaneofibular ankle sprain. She was also found to have tear of her medial meniscus, neck pain, and left shoulder SLAP tear. She completed twelve physical therapy sessions without improvement and continued with home exercise program. She had no relief with a steroid injection. Her medications included Naproxen and Tramadol. The current request is for left ankle and subtalar joint scope and roll about walker and crutches which was not certified by utilization review on 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle and subtalar joint scope: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle and foot chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, arthroscopy

Decision rationale: The request is considered medically necessary. As per MTUS guidelines, surgery was indicated for patients who had lateral ankle ligament injuries with ankle laxity shown on exam and stress films. ODG guidelines recommended arthroscopy for ankle impingement, osteochondral lesions, and ankle arthrodesis. Subtalar scope was indicated for chronic pain, swelling, buckling, locking that fails conservative therapy. Although the patient does not have lateral ankle ligament derangement on MRI, the patient continues with pain and antalgic gait even after 12 physical therapy sessions. She had different physical therapy modalities such as electrical stimulation, therapeutic exercises, manual therapy, cold packs, and the use of medications. However she still has chronic pain, popping, and swelling. At this point, she has not progressed with conservative care and it would be reasonable to proceed with a joint scope. Therefore, the request is considered medically necessary.

Roll about walker and crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- ankle/ foot chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids, Ankle, knees

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, partial weight bearing with a crutch is preferable to complete non-weight bearing. ODG recommends walking aids when there is impaired ambulation involving the ankle, if this aid allows for the potential of ambulation. The patient is ambulatory, with a limp but can still bear weight. She has modified activity recommendations documented. Therefore, crutches are not necessary. Rolled walkers are recommended for patients with bilateral disease. The patient only has one leg affected. Therefore, the request is considered not medically necessary.

Cam walker boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- ankle/ foot chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Cam walker

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of cam walker boot, which is a removable cast. ODG guidelines do not recommend the use of the boot unless there is a clearly unstable joint or severe ankle sprain. The exam and imaging findings do not reveal a severe ankle sprain with clear instability. The patient continues to be ambulatory but with continued pain. Functional treatment is more favorable than immobilization. Therefore the request for a Cam walker boot is not medically necessary.

Physical therapy x 12 for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for additional physical therapy is not medically necessary. The patient had a history of 12 physical therapy sessions but was documented to have no improvement. She continued her exercise in a home therapy program. Because there was benefit or improvement after therapy, it is not necessary to engage in more physical therapy sessions. MTUS guidelines call for maximum of 10 sessions of therapy for myalgias/neuralgias which the patient has already exceeded. Therefore, the request is considered not medically necessary.