

Case Number:	CM14-0215584		
Date Assigned:	02/04/2015	Date of Injury:	08/26/2014
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED], employee who has filed a claim for ankle pain reportedly associated with an industrial injury of August 26, 2014. In a utilization review report dated December 16, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy to the ankle as six sessions of the same. The claims administrator also denied orthotics. The claims administrator referenced a December 5, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 5, 2014, the applicant reported ongoing complaints of ankle and foot pain, 9/10. The applicant had difficulty walking even 5 minutes continuously, it was acknowledged. The applicant had various comorbidities including diabetes, hypertension, COPD, knee arthritis status post left and right total knee arthroplasties, and a lung cancer nodule excision. The applicant was described as having issues with symptomatic posterior tibial tendon dysfunction, arthritis, and arthralgias of the foot. A flatfoot was appreciated. Orthotics, Voltaren Gel, and additional physical therapy were endorsed. It did not appear that the applicant was working with a rather proscriptive standing and walking limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 weeks, left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 97.

Decision rationale: 1. No, the request for 12 sessions of physical therapy for the ankle was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation, it is further noted, is qualified by commentary made on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is seemingly off work. Extremely proscriptive standing and walking limitations remained in place, despite receipt of earlier unspecified amounts of physical therapy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.

Custom orthotics left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: Conversely, the request for custom orthotics for the ankle was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are 'recommended' as methods of symptom control for metatarsalgia, one of the stated diagnoses present here. The applicant's pain complaints have, furthermore, seemingly proven recalcitrant to other treatments, including time, medications, physical therapy, topical agents, etc. Introduction of orthotics was/is indicated. Therefore, the request was medically necessary.