

Case Number:	CM15-0011240		
Date Assigned:	01/28/2015	Date of Injury:	10/05/2008
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33 year old male, who sustained an industrial injury on October 5, 2008. He has reported a right ankle injury. The diagnoses have included osteochondritis, synovitis, and nerve impingement. The injured worker was status post osteochondral autograft transfer system (OATS) procedure in 2011. Treatment to date has included MRI in July 2014, viscosupplementation injections of the right ankle, orthotics, bracing, postoperative rehabilitation, and work modifications. On December 4, 2014, the treating physician noted the injured worker felt the right side was unstable and giving away. The physical exam revealed prominent posterior aspect of the calcaneus without pain over the Achilles tendon, tenderness over the anterolateral gutter, negative anterior drawers, no subluxation of the peroneal tendons, no crepitus or pain on side-to-side calcaneus compression, and no swelling. There was normal strength in dorsiflexion, plantarflexion, inversion, and eversion. There is an initial wide-based and mildly antalgic gait after rising from a seated position, which then becomes a normal cadence and gait after five steps. X-rays were obtained, which revealed no instability on the right side and slight booking open on the left side. On January 20, 2015, the injured worker submitted an application for IMR for review of a prescription for an additional 18 visits (2 x 4) of physical therapy and a request for 1 Bosu ball. The physical therapy was modified based on the guidelines recommendation for up to 9 visits with fading treatment frequency and a transition to self-directed home exercise. The Bosu ball was non-certified based on lack of a physical therapist evaluation to determine if a Bosu ball is needed for a home exercise program. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment

Guidelines and ACOEM (American College of Occupational and Environmental Medicine), and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions x 18 to include modalities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy Guidelines; Ankle and Foot

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

Decision rationale: This 33 year old male has complained of right ankle pain since date of injury 10/5/2008. He has been treated with physical therapy (last session documented in 2012), surgery and medications. The current request is for physical therapy sessions x 18 to include modalities. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain with subsequent transition to a home exercise program. The submitted request exceeds the recommended duration of passive physical therapy sessions. On the basis of the available medical documentation and per the MTUS guidelines cited above, the request for physical therapy sessions x 18 to include modalities is not indicated as medically necessary.

Purchase of 1 Bosu ball: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 33 year old male has complained of right ankle pain since date of injury 10/5/2008. He has been treated with physical therapy (last session documented in 2012), surgery and medications. The current request is for the purchase of 1 Bosu ball. The available medical documentation does not include a recent evaluation by a physical therapist documenting the necessity of a Bosu ball for a home exercise program. On the basis of this lack of documentation and per the MTUS guidelines cited above, 1 Bosu ball is not indicated as medically necessary.