

<b>Case Number:</b>	CM15-0112452		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Family Practice

### 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 was a 57-year-old female, who sustained an industrial injury, October 13, 2010. The injured worker previously received the following treatments 12 sessions of physical therapy, right mid foot MRI and right ankle surgery. The injured worker was diagnosed with bilateral knee degenerative joint disease, right foot ORIF, right swan deformities and toes with extension tendon contractures after the FDL transfer with pain in the lateral foot possible stress RXN. According to progress note of May 12, 2015, the injured worker's chief complaint was right ankle pain. The pain was aggravated by walking, and standing. The pain was described as aching. The pain was relieved by rest. The injured worker was having pertinent negatives of bruising, crepitus, decreased mobility, difficulty with sleep, joint instability, joint tenderness, limping, locking, nocturnal awaking, numbness, popping, spasms, tingling in the arms and legs and weakness. The physical exam noted decreased range of motion of the right ankle. The right ankle dorsal flexion was 20 degrees and inversion was 35 degrees. Description of active range of motion subtalar range of motion was good. Passive range of motion of the dorsal flexion was 20 degrees and inversion was 35 degrees, ankle planter flexion was 50 degrees, eversion 15 degrees inversion 35 degrees and pain with free range of motion. The treatment plan included custom ankle orthotics and physical therapy for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Orthotics, ankles QTY: 2: 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); Ankle & Foot (updated 3/26/15) Online Version, Orthotic devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot, Section: Orthotics.

**Decision rationale:** The Official Disability Guidelines comment on the use of orthotics for ankle and foot complaints. These guidelines recommend orthotics only for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom-made orthoses in people who stand for more than eight hours per day. Under these conditions, there is insufficient justification in the medical records to support the use of custom orthotics for the ankles. The request for Custom orthotics for the ankles is not medically necessary.

**Physical Therapy re-evaluation right ankle QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, these guidelines recommend physical therapy; however, they provide guidance on the number of sessions for given conditions. Further, the guidelines indicate that there should be a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. The specific number of recommended sessions are as follows: Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. In this case, the records indicate that the patient has already received an unspecified number of physical therapy sessions. It would be expected that the patient was guided towards a self-directed home exercise program. There is insufficient documentation to indicate why the patient is unable to engage in a home exercise program or why she needs a re-evaluation of the right ankle. For these reasons, a physical therapy re-evaluation of the right ankle is not medically necessary.

**Therapeutic exercises 2 x weekly right ankle QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 77-80 and 94.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy, including therapeutic exercises, as a treatment modality. In general, these guidelines recommend physical therapy; however, they provide guidance on the number of sessions for given conditions. Further, the guidelines indicate that there should be a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. In this case, the records indicate that the patient has received a prior course of physical therapy. It would be expected that the patient was guided towards a self-directed home exercise program. There is no rationale provided in the medical records to indicate that the patient is incapable of engaging in a self-directed home exercise program. For this reason, there is no justification for the use of a therapeutic exercise program for the right ankle 2 X a week for a total of 12 sessions. A therapeutic exercise program is not medically necessary.

**Infrared 2 x weekly right ankle QTY: 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot, Section: Heat Therapy, Chapter: Low Back, Section: Infrared Therapy.

**Decision rationale:** The Official Disability Guidelines comment on the use of heat therapy for foot and ankle conditions. Infrared therapy is a form of heat therapy. These guidelines state that heat therapy is under study for ankle and foot problems. Ice works better than heat to speed recovery of acute ankle sprains. Range-of-motion improvement may be greater after heat and stretching than after stretching alone. Specific comments regarding infrared therapy are provided in the Chapter on Low Back Complaints in the Official Disability Guidelines. Infrared therapy is not recommended over other heat therapies. In this case, there is no rationale provided in the medical records to justify the medical need for infrared therapy. Specifically, why the patient is unable to use more conservative means to provide local heat. Further, there is no justification provided for the number of sessions of infrared therapy and how objective outcomes of this therapy would be monitored to assess efficacy. For these reasons, infrared therapy 2 X a week for a total of 12 sessions is not medically necessary.

**Manual Therapy Techniques 2 x weekly right ankle QTY: 12: 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 Manual Therapy Page(s): 58.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of manual therapy. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range- of-motion. Regarding the use of Manual Therapy for the ankle and foot the guidelines state the following: Ankle & Foot: Not recommended. There is no rationale provided in the medical records to justify the use of Manual Therapy for this patient's ankle condition. Therefore, for this reason, Manual Therapy Techniques 2 X weeks for 12 sessions is not medically necessary.

**Mechanical traction 2x weekly QTY: 12: 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 Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Manual Therapy and Manipulation Techniques including manual traction as a treatment modality. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. However, these guidelines indicate that Manual Therapy techniques are not recommended for foot and ankle conditions. There is no rationale provided in the medical records to justify the use of mechanical traction as a treatment modality. Further, there is no evidence of a plan to monitor objective treatment outcomes for this modality to determine efficacy. For these reasons, Mechanical Traction 2 X a week for 12 sessions is not medically necessary.

**Aquatic Therapy 2 x weekly right ankle QTY: 12: 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 Aquatic Therapy Page(s): 22.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of aquatic therapy as a treatment modality. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land- based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The recommendations on the number of supervised visits are based on the above

cited physical therapy guidelines. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the records indicate that the patient has received a prior course of aquatic therapy. There is insufficient documentation as to the outcomes of this course of therapy. Without objective evidence of functional improvement from prior sessions of aquatic therapy, there is insufficient evidence to support re- engagement in an aquatic therapy program. This is not medically necessary.

**Ultrasound 2 x weekly right ankle QTY: 12: 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 Ultrasound Therapy Page(s): 123.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Ultrasound as a treatment modality. Ultrasound therapy is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. For this reason, Ultrasound 2 X weeks for 12 sessions is not medically necessary.

**Electrical Stimulation 2 x weekly right ankle QTY: 12: 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 TENS Page(s): 114-116.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of a number of different modalities to provide electrical stimulation therapy. These are categorized under the TENS section of the guidelines. The MTUS Guidelines have established the following criteria for the use of electrical stimulation/TENS. In general, electrical stimulation is used for the treatment of neuropathic pain; particularly when it is of chronic duration and has failed to respond to conservative modalities. Even under these conditions, electrical stimulation is only recommended initially with a one-month trial to assess objective treatment outcomes. In this case, there is no evidence provided that the patient has an underlying neuropathy as the source of ankle pain. Without evidence of neuropathy, there is no justification for the use of electrical stimulation as a means of treatment. For this reason, electrical stimulation 2 X weeks for 12 sessions is not medically necessary.