

<b>Case Number:</b>	CM15-0127792		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Emergency 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 injured worker is a 37-year-old male, who sustained an industrial injury on 11/18/2014. The mechanism of injury was a trip and fall. The injured worker was diagnosed as having right enthesopathy of the ankle and tarsus, right ankle derangement, right plantar fasciitis, right tenosynovitis, right ankle sprain, joint pain and limb pain. Right ankle magnetic resonance imaging showed a partial tear of the anterior talo-fibular ligament. Treatment to date has included physical therapy and medication management. In a progress note dated 5/6/2015, the injured worker complains of right foot and ankle pain with the pain being 3/10 at its best and 7/10 at its worst. Physical examination showed bilateral foot tenderness to palpation. The treating physician is requesting 8 weeks of physical therapy to the right ankle and a weight loss program x 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 X 4 weeks right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetic Chapter.

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

**Decision rationale:** The requested Physical therapy 2 X 4 week's right ankle is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has right foot and ankle pain with the pain being 3/10 at its best and 7/10 at its worst. Physical examination showed bilateral foot tenderness to palpation. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 X 4 weeks right ankle is not medically necessary.

**Weight loss program x 3 months (right knee is not compensable/acceptable):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetic Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policies states: "Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note.

**Decision rationale:** The requested Weight loss program x 3 months (right knee is not compensable / acceptable), is not medically necessary. The MTUS, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) do not address weight loss programs. Aetna clinical policies states: "Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note: Many Aetna plan benefit descriptions specifically exclude services and supplies for or related to treatment of obesity or for diet and weight control. The injured worker has right foot and ankle pain with the pain being 3/10 at its best and 7/10 at its worst. Physical examination showed bilateral foot tenderness to palpation. The treating physician has not documented detailed description of previous attempts at weight loss via diet and exercise, as well as current BMI measurements. The criteria noted above not having been met, Weight loss program x 3 months (right knee is not compensable / acceptable) is not medically necessary.