

Case Number:	CM15-0149414		
Date Assigned:	08/12/2015	Date of Injury:	06/20/2012
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/03/2015

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: Texas, New York, 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 58-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of June 20, 2012. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve requests for six sessions of physical therapy and an ultrasound-guided fifth MTP joint corticosteroid injection. The claims administrator referenced a June 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 10, 2015, the cortisone injection in question and six sessions of physical therapy were endorsed. In an associated progress note of the same date, June 10, 2015, the applicant reported ongoing complaints of ankle and foot pain. The applicant had apparently discontinued usage of a Cam walker on the last visit, it was reported. Residual pain about the first and fifth MTP joint was reported. Scant edema was appreciated about the left lateral ankle. Tenderness about the fifth MTP joint with manipulation was appreciated. The applicant had undergone earlier ankle surgery, it was reported. The applicant's work status was not reported. The applicant was asked to continue physical therapy and pursue a steroid injection to the fifth MTP joint. On April 29, 2015, it was acknowledged that the applicant was still using a Cam walker status post earlier ankle arthroscopy and ligament reconstruction. On a physical therapy progress note dated June 3, 2015, it was acknowledged that applicant had received 18 sessions of physical therapy and was progressing slowly. The applicant was apparently in the process of transitioning out of a Cam walker, it was reported. The applicant was on Motrin and Neurontin at this point, it was reported. The applicant was still having difficulty performing squatting, walking, and usual hobbies. Difficulties with heavy

activities were reported. The date of surgery was not furnished on this date. In an RFA form dated January 21, 2015, it was suggested that the applicant was pending ankle surgery on January 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 3 weeks, left ankle: 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 & Foot, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for six sessions of physical therapy for the ankle was medically necessary, medically appropriate, and indicated here. Postsurgical Treatment Guidelines, (c) Postsurgical Patient Management (3) Ankle Sprain (ICD9 845. 0): Postsurgical treatment recommends 34 visits over 16 weeks. Postsurgical physical medicine treatment period is 6 months. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 as of the date of the request, June 10, 2015, following earlier ankle surgery of January 22, 2015. The MTUS Postsurgical Treatment Guidelines do support a general course of 34 sessions of physical therapy following ankle surgery for an ankle sprain and further noting MTUS 9792.24.3.c3 to the effect that postsurgical physical medicine may be continued up to the end of the postsurgical physical medicine treatment period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the applicant was described as exhibiting a slowly favorable trajectory as of the date in question, June 10, 2015, when the applicant transitioned out of a Cam walker. The applicant's walking endurance was reportedly improved. The applicant nevertheless appeared to have significant residual physical impairment present on that date which did warrant additional treatment on the order of that proposed. It did appear, in short, that additional functional improvement was in fact possible and, indeed, plausible as of the date of the request, June 10, 2015. Therefore, the request was medically necessary.

Cortisone injection, ultrasound guided, left foot/ankle/fifth metatarsal phalangeal joint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Similarly, the request for cortisone injection to the foot/ankle/fifth MTP joint was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, injections are "recommended" for applicants with point tenderness associated with heel spurs, plantar fasciitis, and/or a Morton's neuroma. Here, by analogy, the applicant apparently had localized tenderness around the fifth MTP joint, which, per the treating provider, had proven recalcitrant

to time, medications, physical therapy, immobilization, medications, etc. Moving forward with what was framed as a first-time cortisone injection was indicated, particularly to facilitate mobilization, activity, and physical therapy, all of which were concomitantly proposed. Therefore, the request was medically necessary.