

Case Number:	CM15-0173177		
Date Assigned:	09/23/2015	Date of Injury:	06/12/2011
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 32 year old female who sustained an industrial injury on 06-12-2011. According to a progress report dated 07-10-2015, the injured worker continued to experience left foot and ankle pain. Pain was described along the anterolateral and lateral aspect and the dorsal aspect of the foot and ankle. A recent MRI demonstrated severe ATFL sprain. No pathology was identified elsewhere in the ankle. The following objective findings were described by the provider: pain and tenderness over ATFL that was described as "moderate" pain, slight swelling to the area, no excessive laxity with varus or valgus stress, negative anterior drawer at the ankle, pain along the peroneus muscles at the anterolateral thigh all the way down the tendons as they transverse posterior and inferiorly to the lateral malleolus, swelling along the tendons as they traverse posterior to the lateral malleolus, pain with direct palpation with dorsiflexion along the flexor tendons as they traverse over the talotibial joint, no talotibial joint pain, minimal amount of pain with direct palpation at the origin of the plantar fascia and equivocal Tinel's at the tarsal tunnel. Impression included left peroneus brevis and longus tendinitis, severe ATFL sprain left ankle and left flexor digitorum and hallucis tendinitis. The treatment plan included physical therapy. Work status included normal work activities. On 07-31-2015, the injured worker reported that she continued to experience left foot and ankle pain. Additional physical therapy had been denied. The treatment plan included appeal for therapy, injection along the peroneal tendon and at the sinus tarsi of Lidocaine, Marcaine and Kenalog under ultrasound guidance. An authorization request dated 08-12-2015 was submitted for review. The requested services included peroneal tendon and sinus tarsi injection under ultrasound guidance and appealing

physical therapy three times a week for four weeks. On 08-18-2015, Utilization Review non-certified the request for peroneal tendon and sinus tarsi injection under ultrasound guidance and modified the request for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peroneal tendon and sinus tarsi injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle - Injections (corticosteroid) and Peroneal tendinitis/ tendon rupture (treatment).

Decision rationale: Peroneal tendon and sinus tarsi injection under ultrasound guidance is not medically necessary per the ODG Guidelines. The MTUS does not address this request. The ODG recommends conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. If caught early, peroneal tendonitis or instability may be treated conservatively with NSAIDs, immobilization and avoidance of exacerbating activities. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary. Per the ODG injections are not recommended for tendonitis or Morton's Neuroma, and the ODG does not recommend intra-articular corticosteroids. The ODG states that injections are under study for heel pain.

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: 12 sessions of physical therapy are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive PT. It is unclear of how many prior therapy sessions the patient has had for this condition in the past and the outcome. Also the request exceeds the recommended number of visits for this condition. The request does not specify a body part for therapy. There are no extenuating factors which would necessitate 12 supervised therapy visits therefore this request is not medically necessary.