

Case Number:	CM13-0009104		
Date Assigned:	12/18/2013	Date of Injury:	02/24/2011
Decision Date:	02/18/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who reported an injury on 02/24/2011. The mechanism of injury was not provided. The patient was noted to have left ankle pain with swelling and discoloration in the left ankle, and limited activities of daily living. The patient was noted to have pain on palpation over the medial and lateral aspects as well as the anterior aspect of the left ankle. The patient was noted to have pain with maximal dorsiflexion and plantar flexion. The patient was noted to have a mildly antalgic gait with shortened stride length and left sided limp. The patient's diagnoses were noted to include gait abnormality, pain in the left ankle, and crush injury of the left ankle. The request was made for physical therapy, a neuro psych consult, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had shown an improvement in range of motion and a decrease in pain, and consumption of pain medication due to physical therapy treatment. The patient was noted not to have undergone physical therapy since 2012. However, the clinical documentation submitted for review failed to indicate the patient's objective functional benefit that was received from the therapy. Additionally, the patient should be well versed in a home exercise program. Given the above, and the lack of documentation of the objective functional benefit of therapy as well as the number of sessions the patient participated in previously, the request for 9 sessions of physical therapy is not medically necessary and appropriate.

Neuropsych evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web, Head-Neuropsychological testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guidelines recommend a specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. While it was indicated that the patient's limited activities of daily living was causing depression and anxiety, there is a lack of documentation indicating the signs and symptoms the patient was experiencing. It was indicated that the neuropsychiatric consult was intended to manage the patient's psychiatric medications. Given the above and the lack of documentation, the request for a neuro psych evaluation is not medically necessary and appropriate.

Cymbalta 30mg qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Cymbalta for anxiety and depression. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and the necessity for the medication. There was a lack of documentation of the patient's symptomatology and rationale for treatment with Cymbalta. Given the above, the request for Cymbalta 30 mg quantity 30 is not medically necessary and appropriate.