

Case Number:	CM13-0011423		
Date Assigned:	12/18/2013	Date of Injury:	07/21/2012
Decision Date:	03/05/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/15/2013

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 and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 39-year-old male who reported an injury on 7/21/12. The patient was diagnosed with an Achilles sprain/strain. On 6/21/13, the patient reported 6/10 right Achilles pain. He denied any side effects to medications, and also denied nausea, vomiting, abdominal pain, and bowel or bladder changes. The patient was actively participating in an exercise program. Physical examination revealed full range of motion with painful eversion/inversion, tenderness to palpation, and decreased motor strength. Treatment recommendations included the continuation of a home exercise program and TENS therapy, an ultrasound therapy for the right foot, an orthopedic evaluation, a follow-up visit with the patient's primary care physician and a refill of naproxen and topiramate

IMR ISSUES, DECISIONS AND RATIONALES

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

eight sessions of physical therapy: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion. Active therapy can also alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in physical therapy. However, documentation of the previous course of physical therapy with total treatment duration and efficacy was not provided for review. The physician's progress report from 7/18/13 was not provided for review. Therefore, the medical necessity for additional physical therapy had not been established. The patient was currently participating in a home exercise program. Physical examination revealed full range of motion. Based on the clinical information received, the request is non-certified.

cognitive behavioral therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. The physician's progress report from 7/18/13 was not provided for this review. Therefore, it is unknown whether the patient has undergone a psychological evaluation to assess the need for cognitive behavioral therapy. It is unclear that an emotional injury is accepted in this patient's current claim. Based on the clinical information received, the request is non-certified.

labs to evaluate medication use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The physician's progress report from 7/18/13 was not provided for this review. Therefore, there is no evidence that this patient exhibits signs or symptoms suggestive of an abnormality due to medication use. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.