

Case Number:	CM13-0017087		
Date Assigned:	10/11/2013	Date of Injury:	11/03/2011
Decision Date:	05/05/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/27/2013

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 Family Practice, and is licensed to practice in 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 29-year-old female who reported an injury on 11/03/2011. The mechanism of injury was not stated. The patient is diagnosed with left ankle sprain with possible internal derangement. The patient was seen by [REDACTED] on 07/17/2013. The patient reported persistent pain and swelling. Physical examination revealed no gross instability with an antalgic gait. Treatment recommendations included continuation of over-the-counter medication, home exercises, H-wave stimulation, and physical therapy 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3 X WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: The MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine.

Documentation of this employee's previous participation in physical therapy was not provided. The current request for 18 sessions of physical therapy greatly exceeds guideline recommendations. Without evidence of objective functional improvement following an initial course of physical therapy, additional treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

H-WAVE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a non-invasive conservative option. According to the documentation submitted, there is no indication of a failure to respond to first-line treatment with physical therapy, medications, and TENS therapy. It is additionally noted that the employee has continuously utilized an H-wave device. Despite ongoing use, the employee continues to report persistent pain and swelling. Documentation of objective functional improvement was not provided. Based on the clinical information received, the request is non-certified.