

Case Number:	CM13-0023948		
Date Assigned:	11/20/2013	Date of Injury:	12/05/2009
Decision Date:	01/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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.

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 56 year old female who reported an injury on 12/05/2009 after falling. She was subsequently diagnosed with an unspecified left ankle fracture and had an unspecified left ankle surgery on 12/07/2009. She then received an unknown length of physical therapy. The patient continued to have chronic pain and intermittent swelling of the left ankle and developed left knee pain as well. She sought more treatment and was placed on an unknown medication regime. She also received an unclear amount of acupuncture as well as another unknown length of physical therapy, both of unknown efficacy. On 08/20/2013 she underwent an EMG/NCS which reported normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy two (2) times six (6) for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Pain, Suffering, and the Restoration of Function Chapter..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Physical Therapy.

Decision rationale: The California MTUS addressed the application of physical therapy as it relates to the post-surgical ankle only and ACOEM addressed physiotherapy as it applies in the

acute phase of injury only. For the acute phase, ACOEM recommends that range of motion and strengthening exercises be taught by the provider for the patient to perform at home. The patient's injury and surgery were reported to have occurred in 2009. However, these symptoms are chronic, not acute; therefore the Official Disability Guidelines were consulted for additional information. ODG guidelines recommend 12 sessions of physical therapy for an ankle fracture, although patients can be advised to do range-of-motion exercises at home. In a clinical note dated 08/02/2013 it is noted that the patient reported having physical therapy for "a few months". There are also various physical therapy notes between the dates of 08/26/2013 and 09/18/2013 but specific number of sessions and objective documentation of efficacy were not included. Due to the lack of information about the amount of physical therapy already received by the patient and no documentation of objective functional improvement, the request is non-certified.

Acupuncture one (1) times six (6) for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Pain, Suffering, and the Restoration of Function Chapter..

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that acupuncture may be used as an adjunct to physical rehabilitation or surgical intervention to hasten recovery. The guidelines recommend 1-3 visits per week for up to 2 months if the treatments are documented as improving function. The time to produce functional improvement is 3-6 treatments. According to the records provided, the patient has received approximately 5 sessions of acupuncture with no objective documentation of functional improvement. Therefore, the request is non-certified.

Motor strength test for left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Computerized ROM Testing..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility..

Decision rationale: California MTUS and ACOEM do not address the issue of motor function testing. The Official Disability Guidelines do not address this in relation to the ankle; however, the low back chapter does mention computerized range of motion testing. The guidelines recommend testing be done with an inclinometer in order to obtain the most accurate measurements. The request did not specify what type of motor testing was to be done, therefore it is non-certified.