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| Case Number: | CM13-0031654 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 06/08/2010 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 New York. 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:

This is a 37 year old female who reported an injury on 06/08/2010; the mechanism of injury was that the patient reportedly fell down stairs on a client's premises, landing in a kneeling position and twisted her right ankle. The patient initially had difficulty with walking and continued working and later reported low back pain. Diagnoses: cervical and lumbar strain, right small finger Swan-neck deformity and bilateral knee patellofemoral chondromalacia. An unofficial right ankle MRI, 04/26/2011, revealed posterior tibialis tenosynovitis, peroneus longus and brevis tenosynovitis and calcaneal spurring. Unofficial objective findings on 06/12/2012 found ongoing neck problems, right 5th finger (exactly problem not identified), carpal tunnel syndrome with numbness and weakness, low back/right ankle/left knee pain. The patient reportedly used the aid of a cane. An unofficial EMG/NCV studies on 10/10/2011 showed no acute cervical or lumbar radiculopathy and no neural entrapment in upper/lower extremities. Other therapies included prior physical therapy/12 occupational therapy sessions, and acupuncture. It was determined on the same visit, 06/12/2012, that surgery on 5th finger, carpal tunnel release and left knee medial meniscus tear would be an option. On 07/23/2013, the patient seen by physical and it was determined the patient's condition was unchanged and continued to have low back pain which radiated down the posterior aspect of both legs. Medications listed were Motrin 800mg every 8 hours as needed, Prilosec 20mg 1-2 times daily, Bio-therm cream apply topically 2-3 times daily with reduced pain reported. In the follow-up treatment report, 07/26/2013, the patient reported persistent right wrist pain. There was fixed flexion contracture of the right little finger with full composite flexion; grip: right 35/left 50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbosacral spine: Upheld

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

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

Decision rationale: CA MTUS Guidelines/Physical Medicine states active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine recommendations allow for 9-10 visits over 8 weeks for Myalgia and myositis and 8-10 visits over 4 weeks for Neuralgia, neuritis. The request for physical therapy for lumbosacral spine 2x wk for 3 weeks is non-certified. The CA MTUS Guidelines states physical therapy is beneficial for controlling pain, inflammation, swelling, and restoring flexibility, strength, endurance, function, and range of motion, as well as, a home exercise program. The patient has had 12 prior physical/occupational therapy sessions authorized which exceeds the recommended number of visits per guidelines. The clinical information provided did not indicate any current significant functional deficits. As such, the requested service is non-certified.

MRI of the right ankle without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: CA MTUS/ACOEM Guidelines state for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. There was no clinical information to suggest any significant changes in patient's condition since last imaging study nor current significant functional deficits. As such, the requested service is non-certified.