

Case Number:	CM13-0041327		
Date Assigned:	03/03/2014	Date of Injury:	05/02/2013
Decision Date:	07/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 expert 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 54-year-old male with a 5/2/2013 date of injury, when walking to his truck after finishing a delivery, he twisted his right ankle. A determination on 9/16/13 rendered a non-certification given extensive therapy previously performed, no subjective benefits noted from PT, no objective improvement, and no documentation as to why the patient is not able to continue with rehabilitation on a home exercise program. 9/26/13 medical report identified gradual improvement with persistent pain, slight limp, and persistent swelling of the lateral side of the right ankle with tenderness. The 12/12/13 final orthopedic evaluation, maximum medical improvement, identifies that the right ankle still felt slightly weak. The patient was somewhat concerned about driving an 18-wheeler. He was able to walk without any limping or favoring. Examination revealed no local tenderness to palpation. Ligament structures were stable to varus/valgus stress. Range of motion was reported as normal. Final diagnoses include strain/sprain of the lateral ligament, right ankle, with avulsion fracture of the lateral malleolus, healed. The evaluator stated that the patient had made full functional recovery and his condition could be declared to have reached maximum medical improvement without any residual impairment or disability, and no indication for future medical care. The treating provider has requested additional physical therapy 3 x 4 for the right ankle and Flector Patch to the right ankle.

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 4 FOR THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Physical Therapy (PT).

Decision rationale: Records indicate that the patient has had extensive physical therapy to date. On September (following the prior determination) there were some functional deficits noted, however, these have been completely resolved by December when maximal medical improvement was noted without necessity of further treatment. There is no indication of further therapy in absence of specific deficits to be addressed. In any case, given the amount of therapy provided, the patient should be able to follow a home exercise program for further rehabilitation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

FLECTOR PATCH TO THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patches.

Decision rationale: Flector patch is indicated when there is failure of oral NSAIDs or contraindications to oral NSAIDs. This has not indicated on the medical records. In addition, the patient had some symptoms and findings that later completely resolved without any residual impairment or disability. There is no indication of the necessity of the requested patch in the absence of a condition to treat. Medical necessity for the requested item has not been established. The requested item is not medically necessary.