

Case Number:	CM13-0045382		
Date Assigned:	12/27/2013	Date of Injury:	04/30/2013
Decision Date:	03/20/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 58 year old female who reported an injury on 04/30/2013. The mechanism of injury was not indicated in the medical records provided for review. She is diagnosed with right ankle sprain/strain, bilateral plantar fasciitis, and rule out ankle fracture healing. Her symptoms are noted to include right ankle pain. It was noted that she reported that she was able to function and perform her job, but had pain in the ankle at the end of the day, as well as soreness in her heel. Her physical examination findings indicated she had a normal gait, tenderness to palpation, and pain with passive extension of the toes. It was noted that the patient had received a TENS unit and she would be taught on how to use it at her visit on 12/12/2013. A recommendation was made for physical therapy to the right ankle 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice weekly for 4 weeks for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, physical medicine is recommended at 9 to 10 visits over 8 weeks in the treatment of unspecified myalgia and myositis. The clinical information submitted for review indicates the patient has subjective complaints of right ankle pain and heel pain, and her objective findings indicated she had tenderness to palpation in these areas. However, the clinical information submitted for review failed to provide evidence of objective functional deficits. In the absence of functional deficits, physical medicine is not supported. Therefore, the request is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 369.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the MTUS Chronic Pain Guidelines, a TENS unit may be recommended as an adjunct to ongoing treatment modalities within a functional restoration approach. The clinical information submitted for review indicated in a 12/12/2013 office note that the patient had received a TENS unit. There was no information indicating why the patient would require a second unit. Therefore, the request is not medically necessary and appropriate.