

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0053135 | | |
| Date Assigned: | 02/13/2014 | Date of Injury: | 09/19/2007 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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, 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:

The injured worker is a 28-year-old female who reported a trip and fall on 09/19/2007. On 05/01/2011, she sustained a lateral inversion sprain of her left ankle. On 02/27/2013, in a pain center progress note, she was complaining pain in the left ankle. She was at the end of a 1-week trial of spinal cord stimulation. She stated that the stimulator only seemed to give her about 5% to 10% pain relief of the left ankle. She rated her pain at 8/10. On examination, there was evidence of allodynia in a stocking-type distribution of the left foot. There was some mild swelling in the left ankle and tenderness in the medial and lateral malleolus. There was decreased range of motion on full extension. Her diagnoses included chronic regional pain syndrome type I involving the left ankle, history of severe left ankle sprain and failed trial of spinal cord stimulation. On 06/18/2014, she returned with complaints of left ankle pain. She reported that the pain was constant and the injections only provided temporarily relief. She complained of shooting pain from her low back radiating into her feet. Her diagnoses included acute capsulitis, peroneal tendonitis and sprain of the left lateral ankle. She had an unknown number of acupuncture treatments in October and November of 2010 and stated that the treatments helped her somewhat. On 04/20/2012, she had left ankle arthroscopy and lateral ankle stabilization. An x-ray of the left ankle on 04/23/2012 revealed that the ankle mortise was intact and well maintained with no osseous abnormalities. On 07/31/2012, she had a trigger point injection to her left ankle. The results of the injection are unknown. On 10/03/2012, she had a left-sided lumbar sympathetic block. She stated that the block helped her for approximately 4 days. On 10/31/2012, she had another left-sided lumbar sympathetic block. She had some relief from the second block but again it was not long lasting. An MRI of the left ankle dated 06/08/2011 revealed a partial tear of the anterior talofibular ligament, cystic mass in the area of the portion of the calcaneus, which was virtually unchanged from the prior study. She received an unknown

number of physical therapy treatments during the summer of 2011, which she stated helped her ankle. She participated in an unknown number of physical therapy sessions during the summer of 2012 and then had a home exercise program. She felt that the exercises and physical therapy treatments did help strengthen her ankle. There was no request for authorization or rationale included in the documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two (2) times a week for six (6) weeks is not medically necessary. The California MTUS and the California Code of Regulations, acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend treatment frequency of one to three times per week and that functional improvement should be seen within 3 to 6 treatments. There was no documentation of quantifiable functional improvement or residual deficits from the previous acupuncture treatments. Additionally, the request did not specify the body part to be treated. Therefore, this request for acupuncture two (2) times a week for six (6) weeks is not medically necessary.

PHYSICAL THERAPY AQUA FOR SIX (6) SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Aquatic therapy, page 22; Physical medicine treatment Page(s): 98.

Decision rationale: The request for physical therapy aqua for six (6) sessions is not medically necessary. The California MTUS Guidelines recommend aquatic therapy which can minimize the effects of gravity, so it specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Twenty-four visits over 16 weeks are recommended for complex regional pain syndrome. There is no documentation of the need for this work to be non weight bearing. Additionally, she is not extremely obese. The request did not specify the body part to be treated. Therefore, this request for physical therapy aqua for six (6) sessions is not medically necessary.

