

Case Number:	CM13-0068170		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2008
Decision Date:	06/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 & 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 patient is a 61-year-old female with date of injury of 03/28/2008. The listed diagnoses per [REDACTED] dated 10/23/2013 are status post right ankle ligament repair on 05/20/2013, antalgic gait, and lumbar strain, secondary to right ankle injury. According to the report, the patient complains of pain in the right ankle and low back pain. The objective findings show the right ankle range of motion is restricted with severe tenderness to touch over the lateral malleolus throughout the incision site. The utilization review denied the request on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 3X6: 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: This patient presents with right ankle and lower back pain. The treater is requesting 18 physical therapy sessions for the right ankle. For physical medicine outside the postsurgical guidelines, the MTUS Chronic Pain Guidelines pages 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The medical records provided for

review do not show any recent physical therapy reports to verify how many treatments and with what results were accomplished. However, the 08/02/2013 report shows a request for 12 physical therapy sessions for the right ankle. The 09/13/2013 report documents, "She states she is okay now. She needs to continue with therapy for her ankle." The MTUS Chronic Pain Guidelines page 8 also states, "Continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The report dated 10/23/2013 shows that the patient continues to complain of right ankle pain showing restricted range of motion with severe tenderness to touch over the lateral malleolus. In this case, the treater does not provide how many treatments the patient has had and with what progress. The request for 18 sessions exceeds what is allowed by the MTUS Chronic Pain Guidelines for this type of condition. The request is not medically necessary and appropriate.

TENS UNIT: Upheld

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

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

Decision rationale: This patient presents with right ankle and lower back pain. The patient is status post right ankle ligament repair on 05/20/2013. The treater is requesting a TENS unit. The MTUS Chronic Pain Guidelines pages 114 to 116 on TENS unit states, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based Functional Restoration." The medical records provided for review do not show that the patient has trialed a TENS unit previously. It is not known whether or not the patient has tried TENS unit at all. The MTUS Chronic Pain Guidelines also recommends TENS unit for neuropathy, phantom limb pain, CRPS, MS and other conditions that this patient does not suffer from. The request is therefore not medically necessary and appropriate.

PARAFIN WAX UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heating Devices Aetna Guidelines.

Decision rationale: The treater is requesting a paraffin wax unit for the foot. Paraffin bath is a treatment used for hand arthritis. There are no guidelines support to use paraffin bath for ankle/foot pain. ODG guidelines discuss paraffin bath for hand arthritis but there is no discussion for it under ankle/foot chapter. The Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful

trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality." The medical reports provided for review do not show that the patient has trialed paraffin therapy in the past. In addition, portable paraffin baths are indicated for patients with severe rheumatoid arthritis of the hands, which the patient does not have. The request is therefore not medically necessary and appropriate.

SOFT LOWER BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with right ankle and lower back pain. The patient is status post right ankle ligament repair on 05/20/2013. The treater is requesting a soft lower back brace for support. The ACOEM Guidelines page 301 states, "Lumbar supports have not been shown to have any lasting benefit beyond that acute phase of symptom relief." Furthermore, the ODG does not recommend lumbar supports for prevention stating that there is strong inconsistent evidence that lumbar supports were not effective in preventing neck and back pain. In this case, ACOEM and ODG Guidelines do not support its use for the treatment of nonspecific low back pain. The request is therefore not medically necessary and appropriate.