

Case Number:	CM13-0069578		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2013
Decision Date:	04/25/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 57-year-old female who reported an injury on 03/12/2013. The mechanism of injury involved a fall. The patient is diagnosed with right ankle fracture, status post ORIF, severe adhesion with plantar flexion deformity, pain with proximal radiation, and rule out early pain disorder. The patient was recently seen by [REDACTED] on 11/06/2013. The patient was attending physical therapy. The patient continued to report radiating pain from the ankle to the knee, as well as numbness in the third and fourth toes. Physical examination revealed improved swelling, weakness, decreased tenderness to palpation, limited range of motion, numbness to the third and fourth toes, and a limping gait. It is noted that the patient underwent a nuclear medicine 3-phase bone scan on 09/23/2013, which indicated positive increased uptake along the region of the right ankle, with increased bilateral mid-foot uptake, probably degenerative in nature. Treatment recommendations at that time included continuation of physical therapy and an evaluation with a PM&R specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the documentation submitted, the patient was attending a course of physical therapy. However, there was no documentation of the previous course of therapy with evidence of objective functional improvement. The patient continued to report radiating pain with numbness. The patient's physical examination continued to reveal weakness, limited range of motion, tenderness to palpation, and numbness with a limping gait. Without evidence of objective functional improvement following an initial course of therapy, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

TRAMADOL HCL 50MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent complaints in the right ankle. The patient's physical examination does not reveal a significant change that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

PM&R EVALUATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient has completed a substantial amount of physical therapy to date. The patient continues to report persistent pain with numbness in the lower extremity. The patient was referred to [REDACTED], a physical medicine and rehabilitation specialist, to assess

and modify the patient's physical therapy and address the patient's chronic pain and possible CRPS condition. Given the patient's persistent complaints despite ongoing therapy, the medical necessity for the requested referral has been established. Therefore, the request is certified.