

Case Number:	CM13-0072430		
Date Assigned:	01/17/2014	Date of Injury:	11/17/2012
Decision Date:	04/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 Interventional Spine 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 24 year old male with an injury date on 11/17/12. Based on the 03/04/13 progress report provided by [REDACTED], the patient is diagnosed with a left ankle strain/sprain. An 11/12/13 AME (Agreed Medical Evaluation) by [REDACTED] also states that on 03/04/13, the patient was "provided with a TENS unit and commenced in a course of physical therapy, which provided minimal relief." [REDACTED] is requesting the following: 1) 12 physical therapy visits for the left ankle 2) 12 acupuncture visits for the left ankle 3) 12 chiropractic visits to the left ankle 4) Psyche evaluation The utilization review determination being challenged is dated 12/13/13 and recommends denial of the physical therapy, acupuncture, chiropractic visits, and psyche evaluation. [REDACTED] is the requesting provider, and he provided one treatment report from 03/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR TWELVE (12) PHYSICAL THERAPY VISITS FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOE- Pain, Suffering and the Restoration of Function Chapter (page 114).

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

Decision rationale: According to the 03/04/13 progress report provided by [REDACTED], the patient presents with a left ankle strain/sprain. The request is for 12 physical therapy visits for the left ankle. Review of the reports shows no previous therapy reports to verify treatment history. The request was denied by utilization review letter dated 12/13/13. The rationale was that the functional status of the patient is not clear; the reports lacks "clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals and monitoring from the treating physician regarding progress and continued benefit of the treatment." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for 12 total sessions of therapy for the patient's left ankle. Given the lack of recent therapy treatments, a short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. Therefore, the request for Twelve (12) physical therapy visits for the left ankle IS NOT medically necessary and appropriate.

DECISION FOR TWELVE (12) ACUPUNCTURE VISITS FOR THE LEFT ANKLE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009. Clinical Topics: ACOE- Pain, Suffering and the Restoration of Function Chapter (page 114) and CA MTUS 2009- Acupuncture Medical Treatment Guidelines, page 1.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 03/04/13 progress report provided by [REDACTED], the patient presents with a left ankle strain/sprain. The request is for 12 acupuncture visits for the left ankle. Review of the reports does not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. The request was denied by utilization review letter dated 12/13/13. The rationale was that the patient's "documentation is sparse and does not provide enough information concerning the patient's history or the patient's functional status." MTUS acupuncture guidelines recommend initial trial of 3-6 sessions of acupuncture. The current

DECISION FOR TWELVE (12) CHIROPRACTIC VISITS TO THE LEFT ANKLE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 Ankle and Foot Complaints; Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 369-371.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments Pa.

Decision rationale: According to the 03/04/13 progress report provided by [REDACTED], the patient presents with a left ankle strain/sprain. The request is for 12 chiropractic visits for the left ankle. Review of the reports do not show any prior chiropractic reports and it is not known whether or not the patient has had chiropractic visits in the past. The request was denied by utilization review letter dated 12/13/13. The rationale was that "manipulation has not been shown to be effective in alleviating foot or ankle pain. There is no discussion concerning prescription of this unsupported treatment." In regards to chiropractic treatments, MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvement can be documented. In this case, the 12 chiropractic sessions exceeds what is recommended by MTUS for initial trial. The treater should consider trial of 6 sessions first before a more prolonged course of treatment is prescribed. Recommendation is for denial.

DECISION FOR PSYCHE EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations topics Page(s): 100-101.

Decision rationale: According to the 03/04/13 progress report provided by [REDACTED], the patient presents with a left ankle strain/sprain. The request is for a psyche evaluation. The request was denied by utilization review letter dated 12/13/13. The rationale was that the documentation contained little information concerning the patient's functional status and history. MTUS page 100-101 states that "psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The treating physician is not a psychologist and therefore, the psychology field is not his specialty. Therefore, the request for psyche evaluation is medically necessary and appropriate.