

Case Number:	CM14-0002332		
Date Assigned:	02/04/2014	Date of Injury:	07/20/2013
Decision Date:	07/08/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Texas. 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 25-year-old male who reported an injury on 07/20/2013 as a result from a trip and fall. Within the clinical note dated 12/13/2013, it was noted that the injured worker complained of right ankle pain rated 8/10, with a reported decreased range of motion and increased sensitivity with stiffness and weakness. The physical exam revealed that the range of motion was reported to be decreased with right ankle tenderness. It was also noted that the motor strength testing was intact. The injured worker's diagnoses include right moderate talofibular ligament sprain, right mild sprain of the calcaneofibular ligament, right mild contusion of calcaneofibular ligament, lumbar facet syndrome, and probable posttraumatic stress and anxiety. The treatment plan included work conditioning for the right ankle to regain strength, power, endurance and nervous system proprioception after injury. Joint manipulation for the right ankle was recommended to help with the relief of pain by increasing the motion and relieving pressure on the nerve supply, and neuropathic pain. The request for authorization within the submitted medical records was dated 12/06/2013. Other therapies were noted to include immobilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING OF THE RIGHT ANKLE TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work hardening Page(s): 125-126.

Decision rationale: The Chronic Pain Guidelines have outlined criteria for the admission into the work conditioning program as a trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continue physical or occupational therapy, or general conditioning. Throughout the medical records provided, there was no documentation that the injured worker had participated in any other physical modalities to include physical or occupational therapy, nor did it have any noted outcomes to indicate that the injured worker had benefitted from the therapy and had plateaued. Without further documentation of the other therapies that the injured worker participated in and their outcomes, the request cannot be supported by the guidelines at this time. As such, the request is not medically necessary.

JOINT MANIPULATION OF THE RIGHT ANKLE TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Guidelines recommend manual therapy if chronic pain is caused by musculoskeletal conditions. The guidelines further state that the intended goal or effect of manual medication is to achieve positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines have further outlined that manual therapy is not recommended for the ankle and/or foot. Given the request is for a body part that is not recommended by the guidelines to utilize manual therapy; the request cannot be supported at this time by the guidelines. As such, the request is not medically necessary.

ELECTRICAL MUSCLE STIMULATION FOR THE RIGHT ANKLE TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electroceutical Therapy (bioelectric nerve block) Page(s): 117.

Decision rationale: The Chronic Pain Guidelines state that electroceutical therapy is not recommended as it is considered experimental and investigational for the treatment of chronic pain, because there is a lack of scientific evidence regarding the effectiveness of its technology. Given the request is contraindicated by the guidelines and is not recommended, the request

cannot be supported by the guidelines at this time. As such, the request is not medically necessary.

THERAPEUTIC ULTRASOUND OF THE RIGHT ANKLE TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

Decision rationale: The Chronic Pain Guidelines state that therapeutic ultrasound is one of the most widely and frequently used electrophysical agents and despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable and is not recommended. Given the request is not recommended by the guidelines and is contraindicated, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.