

Case Number:	CM14-0002483		
Date Assigned:	05/07/2014	Date of Injury:	08/10/2013
Decision Date:	06/16/2014	UR Denial Date:	12/06/2013
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 & Rehabilitation and is licensed to practice in Illinois. 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 45 year old female who reported an injury on 08/10/2013. The mechanism of injury was a fall. The clinical note dated 11/5/2013 reported the injured worker complained of frequent left shoulder pain. The injured worker reported that rotation, torquing motion, reaching overhead, lifting, carrying, pushing and pulling exacerbated the shoulder pain. The injured worker rated the pain 7/10. The injured worker also complained of continuous left foot and ankle pain associated with swelling and radiating pain into her leg, the pain increased with prolonged standing, walking, climbing the injured worker rated pain level of left ankle and foot to be 9/10. The injured worker was taking Advil. The physical exam noted the left shoulder to be tender to palpation, with positive Neer's, Glenohumeral, Apprehension test, and Crepitus. The physical exam of the left ankle/foot was tender to palpation and range of motion was full with pain towards end ranges. The injured worker has also undergone physical therapy. The provider requested additional physical therapy two times a week for four weeks also requested a functional capacity evaluation. The request for authorization was provided and dated 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X4 TO LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The request for physical therapy two times a week for four weeks to the left ankle is not medically necessary. The injured worker complained of frequent left shoulder pain. The injured worker reported that rotation, torqueing motion, reaching overhead, lifting, carrying, pushing and pulling exacerbates the shoulder pain. The injured worker rated the pain 7/10. The injured worker also complained of continuous left foot and ankle pain associated with swelling and radiating pain into her leg, the pain increases with prolonged standing, walking, climbing the injured worker rated pain level of left ankle and foot to be 9/10. The injured worker was taking Advil. The injured worker underwent physical therapy. The California MTUS guidelines note passive therapy can provide short term relief during the early phase of pain treatment and are directed at controlling symptom such as pain inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines also note they allow for fading of treatment frequency. For Myalgia and Neuralgia the guidelines recommend 10 visits. The clinical information provided noted the injured worker had frequent pain aggravated with walking, standing, climbing. The documentation provided noted the injured worker attended 13 physical therapy visits. The request for an additional 8 physical therapy visits exceeds the guideline recommendations. Therefore, the request for physical therapy two times a week for four weeks to the left ankle is not medically necessary.

FCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 137.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional Capacity Evaluation.

Decision rationale: The request for FCE is not medically necessary. The injured worker complained of frequent left shoulder pain. The injured worker reported that rotation, torqueing motion, reaching overhead, lifting, carrying, pushing and pulling exacerbates the shoulder pain. The injured worker rated the pain 7/10. The injured worker also complained of continuous left foot and ankle pain associated with swelling and radiating pain into her leg, the pain increases with prolonged standing, walking, climbing the injured worker rated pain level of left ankle and foot to be 9/10. The injured worker was taking Advil. The injured worker underwent physical therapy. The California MTUS guidelines noted an FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA) prior to entering work conditioning/work hardening. ACOEM recommends the use of a functional capacity evaluation to obtain a more precise delineation of patient capabilities than is available from routine physical examination and notes, under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The report should be accessible to all the return to work participants. It did not appear the injured

worker was recommended to participate in a work hardening program. The requesting physician's rationale for the request was unclear. Therefore, the request for FCE is not medically necessary.