

Case Number:	CM14-0005649		
Date Assigned:	02/05/2014	Date of Injury:	12/14/2008
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/13/2014

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 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 injured worker is a 32 year old female who reported left ankle injury on 12/14/2008 after she was struck by a wheelchair. Within the clinical note dated 12/19/2013 the injured worker reported pain in her left ankle. The physical exam reported the injured worker limited range of motion in the left ankle, tender and hypersensitivity of left lower leg, and lumbosacral facet loading. Diagnoses include left ankle sprain, axial low back pain with possible radiculitis, status post left ankle arthrodesis and tibiotalar joint arthrodesis, and CRPS. The request for authorization was dated 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370.

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

Decision rationale: The request for physical therapy for 6 sessions is not medically necessary. The CA MTUS guidelines recommend physical therapy in the presence of a functional deficit and can provide short term relief during the early phases of treatment. The injured worker did

not have documentation that would support the indicated usage of physical therapy with a functional deficit. Furthermore, the injured worker was reported to have had physical therapy in the past with a home exercise program, but is unclear of the outcomes. Lastly, it is unclear the region of the body that physical therapy is intended for. Hence, the request is not medically necessary.

MYOFASCIAL/MASSAGE THERAPY QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Massage Therapy Page(s): 60.

Decision rationale: The request for myofascial/massage therapy for 6 sessions is not medically necessary. The CA MTUS guidelines recommend massage as an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery. The lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. This treatment should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits in most cases. The injured worker has been documented doing a home exercise program, but no further documentation was provided. With the lack of documentation of a concurrent exercise program, the concurrent non-certification of a physical therapy request, and the lack of indicated use for post-operative recovery the request is not medically necessary.

TEROCIN TOPICAL QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines 7/18/2009, Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Page(s): 111-112.

Decision rationale: The request for Terocin topical is not medically necessary. The proprietary active ingredients of Terocin include Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The CA MTUS guidelines recommend topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Additionally, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains lidocaine in a gel for which contraindicates MTUS guidelines; the only approved form of lidocaine is the Lidoderm patch. Thus, the request is not medically necessary.