

Case Number:	CM14-0108864		
Date Assigned:	08/11/2014	Date of Injury:	08/28/2011
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 54-year-old female who reported an injury on 08/28/2011 reportedly while working as a dog walker/sitter. The injured worker reported that approximately at 11:30 PM, she got up from a sleepy position and felt dizzy and lightheaded. The injured worker stated she fainted as she was turning around to go back to the couch when her right ankle rolled and snapped. The injured worker fell to the floor and struck her head on the hardwood floor but denied loss of consciousness. The injured worker's treatment history included x-rays, physical therapy, acupuncture treatment, medications, and MRI studies. The injured worker was evaluated on 07/25/2014, and it was documented that the injured worker underwent an open reduction and internal fixation to the right ankle on 09/08/2011. She subsequently had a syndesmotomic screw removal on 12/14/2011. She had progress with physical therapy but had certainly had intermittent issues along the way with swelling and pain, somewhat out of proportion to the injury. She had some improvement with physical therapy and acupuncture but had essentially reached a point of maximum medical improvement. On the physical examination, it was documented that the injured worker had a minimally antalgic gait, favoring the right lower extremity. There was no tenderness about the hip or knee. Squeeze test was negative. She had a well healed incision laterally. She was somewhat tender over the medial aspect of the calcaneus. She could dorsiflex 20 degrees, plantar flex 30 degrees, invert 15 degrees, and Evert 10 degrees. Sensation was intact to the medial, lateral, plantar, and dorsal aspects, and the first dorsal web space. There was some mild hypersensitivity about the foot and ankle. Dorsalis pedis pulse was 2+ and EHL was 5/5. The diagnoses included status post right ankle ORIF with hardware removal, impingement, and possible complex regional pain syndrome. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include additional and post-op physical therapy she had some improvement, but essentially reached a point of maximum medical improvement. However, the provider failed to indicate outcome measurements of home exercise regimen. The provider failed to indicate long-term functional goals and outcome measurements. In addition the request will exceed recommended amount of visits per the guideline. The request failed to include frequency and location where physical therapy is required for the injured worker. Given the above, the request for 12 physical therapy visits is not medically necessary.

12 acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 acupuncture sessions is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the records submitted indicated the injured worker has received acupuncture sessions and physical therapy sessions. Additionally, there were no long-term goals or outcome measures of prior conservative care the injured worker has received. The request failed to indicate frequency, duration and location where acupuncture treatment is required for

the injured worker. Given the above, the request 12 acupuncture visits is not medically necessary.