

<b>Case Number:</b>	CM14-0013047		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Physicl Medicine & Rehab, has a subspecialty in Pain Management, 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:

This is a 58-year-old male with an 11/12/2012 date of injury. A specific mechanism of injury was not described. 1/16/14 determination was non-certified given no recent clinical evaluation by the requesting physician that would discuss the patient's current status and would provide relevant physical findings to support the necessity of additional physical therapy. Regarding NMES, it is not recommended as it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support it use in chronic pain. It is also noted that the patient has had 18 sessions of physical therapy completed. The patient presented with frequent moderate to severe pain in the right ankle and foot. There was spasm and tenderness on evaluation. 10/14/13 medical report identified slight swelling about the anterolateral aspect of the right ankle. There was tenderness over the anterolateral aspect of the right ankle and the anteromedial right ankle, also over the middle of the foot dorsally and medially. Stressing aggravated the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES PER WEEK FOR TWO WEEKS TO THE RIGHT ANKLE AND AN ELECTRONIC MUSCLE STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99 , 120. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

**Decision rationale:** The medical necessity for continued physical therapy was not substantiated. The patient had ankle/foot complaints and had attended 18 physical therapy sessions. There was no clear improvement from such sessions and also no clearly delineated treatment goals for future therapy. Most importantly, the treatment plan from the requesting provider identified a request for a work hardening program and not continued physical therapy. In addition, regarding muscle stimulation, CA MTUS does not recommend its use as there are no intervention trials suggesting benefit from NMES for chronic pain.