

Case Number:	CM14-0113568		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2010
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 50 year-old female who reported an injury on 10/01/2010. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of lumbar degenerative disc disease/lumbosacral neuritis, foot pain, radiculopathy, depressive disorder, pain in joint of upper arm, pain in joint of lower arm, backache not otherwise specified and hip pain. The injured worker's past treatments include physical therapy, ESI's, psychological therapy, aquatic therapy and medication therapy. An MRI done on 08/02/2012 revealed that the lumbar spine showed an impression of severe L4-5 facet hypertrophy, trace retrolisthesis and disc bulges that caused moderate central canal stenosis. It also revealed severe bilateral recess stenosis at L4-5 due to bony degenerative disease and left paracentral L5-S1 annular tear with small disc protrusion efface the left S1 nerve, but did not appear to impinge it. The injured worker complained of pain in the neck, low back, right hip and headaches. The injured worker rated it to be about a 6/10 with medications which allowed her to function and a 10/10 without medications which decreased her function, mood and impaired her ability to sleep. Physical examination dated 06/16/2014 revealed that the injured worker's left ankle had tenderness to palpation, proximally decreased on the peroneal tendons. It was approximately at 13 to 15 cm from the plantar surface on her foot. The injured worker's ankle dorsiflexion strength of the tibialis anterior was 4+/5, soleus strength of the ankle plantar flexor was 4+/5, ankle evertors of the foot 4-/5 and muscle testing posterior tibialis of the invertors was 4+/5. The injured worker had a positive ankle impingement sign at the anterior aspect of the ankle. The injured worker's medications consist of Lactulose 10 g/15 mL 1 tablespoon at bedtime, Ondansetron HCL 4 mg tablet 1 tablet every 12 hours, Senna 8.6 mg 1 tablet 3 times a day, Clonazepam 0.5 mg 1 tablet 2 times a day, Lidoderm 5% patch every 12 hours with 12 hours off, Topamax 50 mg 2 tablets in the a.m. and 2 tablets at bedtime,

Omeprazole 20 mg 1 capsule 2 times a day, Norco 5/325 tablet 1 tablet every 6 hours, Deplin 15 mg 1 tablet every day, Cymbalta 60 mg 1 tablet every day and Latuda 20 mg 1 tablet every day. The treatment plan is for the injured worker to continue physical therapy and acupuncture. The rationale for the request is that it might improve the pain levels of the injured worker. The Request for Authorization form was submitted on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 times a week for 6 weeks (left ankle): Upheld

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

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

Decision rationale: The injured worker complained of pain in the neck, low back, right hip and headaches. The injured worker rated it to be about a 6/10 with medications which allowed her to function and a 10/10 without medications which decreased her function, mood and impaired her ability to sleep. The California MTUS states that physical active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted indicated that the injured worker had already completed 8 sessions of physical therapy. However, details regarding the injured worker's objective functional gains obtained were not provided. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Therefore, despite the minimal evidence of current objective functional deficits in the left ankle, due to the lack of documentation regarding previous physical therapy, the request is not supported. Furthermore, the request is for an additional 12 sessions, exceeding the MTUS Guideline recommendations. As such, the request for continued Physical Therapy 2 times a week for 6 weeks for the left ankle is not medically necessary.

Acupuncture sessions 2x6 (left ankle): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker complained of pain in the neck, low back, right hip and headaches. The injured worker rated it to be about a 6/10 with medications which allowed her to function and a 10/10 without medications which decreased her function, mood and impaired her ability to sleep. The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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 time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The submitted report indicated that the injured worker had completed conservative care and was attending physical therapy. The submitted report lacked quantified evidence of physical findings as to whether either of those therapies were effective or not with the injured worker's injuries. There was a lack of evidence of any functional deficits the injured worker had prior to these types of therapies and after. The medications mentioned in the report also lacked an indication as to whether they were keeping track of what the medications were doing for the injured worker. There was no evidence as to how long the duration of the medication was. The report also lacked any evidence of any home exercise program being initiated by the injured worker. Guidelines also state that acupuncture is to be used as an adjunct to physical rehabilitation. Given all the above, the request for Acupuncture sessions 2 times a week for 6 weeks for the left ankle is not medically necessary.