

Case Number:	CM14-0045954		
Date Assigned:	07/02/2014	Date of Injury:	08/08/2007
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 and 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:

This case involves a 57 year old female who reportedly miss-stepped and tripped while on an escalator causing injury on 08/08/2007. On 05/15/2014, it was noted she could walk 2 to 3 blocks, sit for a half an hour, stand for 15 to 20 minutes, lift 10 pounds and sleep for 4 to 5 hours per night. She had an unknown surgery in 2008 and a second surgery on 04/09/2013. She was prescribed physical therapy after both surgeries however, was unable to attend the sessions after the 2013 surgery due to transportation difficulties. Since she had symptoms in both lower extremities and both feet, it is unclear which foot was injured on 08/08/2007. The 05/15/2014 assessment states status post Achilles tendon tear and status post 2 repairs with incomplete functional recovery. In addition, there is suggestion of neuropathy, possible ongoing inflammation, lymphedema and minor complex regional pain syndrome (CRPS). The treatment plan included physical therapy and nerve blocks or medications used to treat CRPS, including Neurontin, Lyrica and Cymbalta. However, the treating physician further stated that given the lack of information at that time, the medications would not be started. There was no rationale for Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy is not medically necessary. The California MTUS Guidelines recommend passive therapy for short term relief during the early phases of pain treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. This worker had physical therapy after her first surgery and was unable to attend physical therapy that was recommended after her second surgery due to transportation difficulties. She was still experiencing transportation difficulties. It was unclear how many sessions of physical therapy she had previously attended nor what the results were regarding any decrease in pain or increase in functional abilities. Furthermore, the request did not specify any number of physical therapy sessions or duration. Therefore, this request for physical therapy is not medically necessary.

Nerve injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections page Page(s): 122.

Decision rationale: The request for nerve injections is not medically necessary. California MTUS Guidelines recommend that trigger point injections for local anesthetic may be recommended when all of the following criteria are met; documentation of circumscribed trigger points with evidence on palpation of a twitch response, as well as referred pain; symptoms which have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drug (NSAID) and muscle relaxants have failed to control pain. There are numerous trigger points in the lower leg and foot. The request did not specify what type of injections nor where they were to be administered or what medications were to be included in the injection. Additionally, there was no documentation of failed trials of NSAIDs or antidepressants or of any recent home exercise or stretching programs. Therefore, this request for nerve injection is not medically necessary.