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| Case Number: | CM14-0046259 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/02/2013 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 03/14/2014 |
| 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 Family Medicine 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 54-year-old male with a 5/2/13 date of injury. The mechanism of injury occurred when the patient was using a dolly and twisted his ankle. According to an orthopedic evaluation report dated 1/29/14, the patient remained symptomatic as far as the right ankle was concerned. He had pain when he walked over a period of time. Objective findings: pain and tenderness of right ankle laterally, snapping and subluxation of the peroneus longus tendon with some grinding and crepitation laterally, mild swelling of right ankle, full ROM of ankle, tenderness over the medial aspect of the patellofemoral joint of left knee. Diagnostic impression: status-post injury to the right ankle with history of subluxation and instability of the peroneus longus tendon with treatment. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/14/14 denied the requests for work hardening and 12 physical therapy visits and 6 acupuncture visits. Regarding work hardening and 12 physical therapy visits, there is no evidence of functional deficits that would necessitate a multidisciplinary work hardening program or additional physical therapy. Regarding acupuncture, there is no detail of the claimant's past treatment history including any acupuncture treatment that may have been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening and 12 physical therapy visits to right ankle: 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 9792.24.2 page(s) 98-99, 9792.22 General Approaches, 9792.24.2 page 125 Page(s): 98-99, GENERAL. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Ankle and Foot Chapter

Decision rationale: CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is noted that the patient was approved for 12 physical therapy sessions according to a UR decision dated 10/10/13. However, there is no documentation that the patient has completed these sessions. There are no documentation of functional improvement or improved activities of daily living to determine the medical necessity of additional sessions. Guidelines only support up to 9 visits over 8 weeks of physical therapy for ankle/foot sprain. In addition, the provider is also requesting acupuncture for the ankle. Guidelines do not support the initiation of more than 1 treatment modality due to difficulty in establishing efficacy. Therefore, the request for Work hardening and 12 Physical Therapy visits to Right Ankle was not medically necessary.

6 Acupuncture visit to right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics, 9792.24.1 page 1 Page(s): CLINICAL TOPICS, 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114; Official Disability Guidelines (ODG) Ankle Chapter

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, ODG guidelines state that there are no quality studies to support acupuncture treatment for the ankle. In addition, the provider is also requesting physical therapy for the ankle. Guidelines do not support the initiation of more than 1

treatment modality due to difficulty in establishing efficacy. Therefore, the request for 6 Acupuncture visits to Right Ankle are not medically necessary.