

Case Number:	CM14-0052446		
Date Assigned:	07/07/2014	Date of Injury:	09/09/2011
Decision Date:	09/18/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 35-year-old female who has submitted a claim for status post left ankle arthroscopy, sinus tarsi debridement, excision of the anterior process of calcaneus, and left peroneus longus to brevis transfer associated with an industrial injury date of 09/09/2011. Medical records from 11/20/2013 to 07/07/2014 were reviewed and showed that patient complained of pain along the lateral side of foot (laterality and pain scale grade not specified) in sural nerve distribution and along the peroneal tendons. Physical examination of the left ankle revealed a normal gait, well-healed arthroscopic portals and lateral peroneal tendon incision, and tenderness over peroneal tendons, lateral side of ankle, and around sinus tarsi. Patient was able to bear weight on left lower extremity, perform double heel rise without difficulty, and weakly perform single heel rise. Decreased left ankle ROM was noted with near normal subtalar mobility. MMT of ankles was 5/5. Treatment to date has included left knee arthroscopy, sinus tarsi debridement, excision of the anterior process of calcaneus, and left peroneus longus to brevis transfer (03/06/2013), unspecified visits of physical therapy, immobilization and ice application. Utilization review dated 04/04/2014 denied the request for PT(physical therapy)/chiro because there was no documentation as to why the claimant was not able to continue rehabilitation on HEP basis. Utilization review dated 04/04/2014 denied the request for TENS unit because the claimant has not met the criteria for TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x6 for the left 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 Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine 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. In this case, the patient has completed unspecified visits of physical therapy. There was no documentation concerning the functional outcome from previous therapy sessions. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request is not medically necessary.

TENS unit: 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 TENS Page(s): 114-116.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, the request for is not medically necessary. In this case, it is unclear if the patient is actively participating in a functional restoration program. The guidelines only recommend TENS as an adjunct to a functional restoration approach. The request likewise failed to specify the body part to be treated and if the device is for rental or purchase. Therefore, the request for TENS unit is not medically necessary.