

Case Number:	CM14-0067851		
Date Assigned:	07/11/2014	Date of Injury:	01/20/2009
Decision Date:	09/10/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 Geriatrics and is licensed to practice in New York. 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 49 year old man with a date of injury of 1/20/09. He was seen by his primary treating physician on 4/4/14 with complaints of low back and left ankle pain when walking. He was using crutches due to pain but reported to be 'doing ok'. His left ankle and left elbow showed tenderness to palpation, strength 4+/5 and full range of motion. His diagnoses included status post right knee ACL reconstruction and status post fall to left elbow and left ankle with no fracture - contusion. At issue in this review is the request for physical therapy and braces for the left ankle and left elbow. He had previously received 12 sessions of physical therapy from 1/9/14 - 3/10/14 and demonstrated no improvement with physical therapy. Aquatherapy was recommended due to poor tolerance to exercises in the therapy clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left ankle and left elbow 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/ankle.htm>) Official Disability Guidelines.

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

Decision rationale: 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 injured worker, physical therapy has already been used for 12 sessions in the recent past as a modality and a self-directed home exercise program should be in place. He was also said to have demonstrated no improvement with physical therapy. The records do not support the medical necessity for 12 physical therapy visits in this individual with left ankle and elbow pain.

Brace of left ankle and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG - Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/ankle.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 369-386.

Decision rationale: This injured worker had a fall with a reported left ankle and wrist sprain. The physical exam showed tenderness to palpation but full range of motion and "no fracture - contusion". An ankle sprain is treated with cold and elevation of the foot with a splint or immobilization in severe cases. A temporary cast can be used in tendinitis or tenosynovitis. In this case, the records do not document the severity of the injury or why an ankle brace is warranted. With regards to the left elbow brace, bracing can be effective in epicondylalgia but this worker does not have that diagnosis. For contusions, early mobilization should be encouraged to prevent impairment and disability and the medical necessity of a left elbow brace is also not substantiated in the records.