

Case Number:	CM14-0083129		
Date Assigned:	07/21/2014	Date of Injury:	12/29/2012
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/04/2014

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:

The injured worker is a 40-year-old female with a reported date of injury on 12/29/2012. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include sprain/strain of the right shoulder superimposed on mild impingement syndrome, tendinosis of the right rotator cuff without a tear, and sprain/strain of the right ankle superimposed on fracture through the posterior malleolus. Her previous treatments were noted to include chiropractic treatment, physical therapy, and medications. The progress note dated 04/11/2014 revealed complaints of right ankle and foot pain. The physical examination revealed tenderness to palpation to the right ankle and lateral medial aspect with limited range of motion. The injured worker was utilizing a cane and right ankle brace for support. The progress note dated 04/24/2014 revealed complaints of severe pain to the right shoulder and the injured worker reported she had had no significant treatment for her right shoulder other than chiropractic treatment. The injured worker revealed she had not had effective physical therapy for her shoulder. The injured worker reported physical therapy was of no benefit to her right foot and ankle. The injured worker claimed the stress caused her to have headaches and anxiety attacks caused paralysis of her face. The range of motion to the right ankle was diminished with extension to 5 degrees, plantar flexion to 10 degrees, inversion to 5 degrees, and eversion to 5 degrees. The provider indicated there was swelling noted to the right foot and thickening of the right ankle. There was tenderness behind both the malleolus and the plantar attachment on the right with no allodynia. The x-ray examination of the right ankle revealed a small plantar spur. The progress note dated 05/07/2014 revealed complaints of right ankle and shoulder pain. The psychiatric examination revealed the injured worker was not experiencing depression or mood liability. The injured worker did report anxiety attacks and sleep disturbances. The range of motion to the right ankle was noted to be flexion to 40 degrees, dorsiflexion to 10 degrees, inversion to 20 degrees, and eversion to 10

degrees. The Request for Authorization form was not submitted within the medical records. The request was for physiotherapy 2 to 3 times a week for 6 weeks for the right ankle due to persistent symptoms, psychology consult, and podiatry consultation; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy two (2) to three (3) times a week for six (6) weeks for the 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 Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommend active therapy 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. 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 exercises with and without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has participated in physical therapy; however, the number of sessions completed was not submitted within the medical records. The documentation provided indicated current measurable functional deficits; however, there is a lack of documentation regarding objective functional improvements with the previous physical therapy. Additionally, the request for 12 to 18 additional sessions of physical therapy exceeds the Guideline recommendations. Therefore, the request is not medically necessary and appropriate.

Psychology Consult: 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 Psychological Evaluations Page(s): 100-101.

Decision rationale: The MTUS Chronic Pain Guidelines recommend psychological evaluations as well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work related. Psychosocial evaluation should determine if further psychosocial interventions are indicated. The interpretations of the evaluations should provide clinicians with a better

understanding of the patient and their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. The documentation provided indicated the injured worker was not experiencing depression or mood liability but was having anxiety attacks and sleep disturbances. There is a lack of documentation regarding conservative treatments attempted prior to the psychology evaluation request. Therefore, the request is not medically necessary and appropriate.

Podiatry Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The examination of the feet and ankles revealed normal muscle strength and tenderness. There was also decreased range of motion noted and physical therapy had not helped with the right ankle pain. There was a lack of significant clinical findings to warrant a podiatry consultation. Therefore, the request is not medically necessary and appropriate.