

Case Number:	CM14-0189357		
Date Assigned:	11/20/2014	Date of Injury:	06/11/2014
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 Emergency Medicine 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:

This female reportedly sustained a work related injury on June 11, 2014, due to having a metal object hit her lower extremity, resulting in a right ankle injury. Diagnoses include right ankle contusion and neuralgia. An evaluation dated August 4, 2014 provides the injured worker had an X-ray that revealed no osseous injury. She complained of pain 4/10 with right ankle swelling. She has an ankle brace, takes pain medication as needed and had physical therapy 4 out of 6 sessions with improvement. Work restriction is light duty. Recommendation was for additional physical therapy 3 X 4 and change medication to Gabapentin and Terocin gel as needed. Physician progress report dated September 15, 2014 noted the injured worker has intermittent improvement with some residual pain and swelling of the right ankle. The ankle is described as stable with mild Tinel's sign and +2 edema. Further physical therapy was denied previously. On October 30, 2014 Utilization Review determined a request dated October 17, 2014 for physical therapy 3 x 4 for the right ankle to be non certified. Utilization Review cited Medical Treatment Utilization Schedule (MTUS) and lack of significant improvement with prior therapy. Application for independent medical review is dated November 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 x 4 for the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-9.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. IN this case the patient had some subjective improvement after 4/6 visits. There is no documentation of objective evidence of functional improvement. In addition the requested additional 12 visits would be a total of 18 visits. This surpasses the maximum number of 10 visits recommended. The request should not be authorized.