

Case Number:	CM14-0190026		
Date Assigned:	11/21/2014	Date of Injury:	10/28/2013
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient sustained an injury on 10/28/13 while employed by [REDACTED]. Request(s) under consideration include Physical therapy to left ankle evaluation and treatment; 3x6 (18 sessions) and Voltaren gel 100gm use up to QID left ankle with 3 refills. Diagnoses include s/p left ankle arthroscopic debridement in August 2014. Report of 10/8/14 from the provider noted the patient with continued complaints of pain relieved with ice, massage, stretching, and medication of Motrin. Exam showed diffuse swelling of left ankle with smooth range of motion movements. Treatment plan was for additional PT and topical refills. Per the provider, the patient is doing well, although does not yet have the ability to run or walk fast to perform her job as a police officer. Peer review discussion included treatment plan to transition the patient to an independent home exercise program and to reassess return to work in approximately 6 weeks. The request(s) for Physical therapy to left ankle evaluation and treatment; 3x6 (18 sessions) was modified for 6 PT sessions and Voltaren gel 100gm use up to QID left ankle with 3 refills was modified for one tube without refills on 10/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to left ankle evaluation and treatment; 18 sessions 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, the PT treatment already rendered indicated the patient has functional range of motion with intact neurological exam and has received sufficient therapy visits to be transitioned to an independent home exercise program. Review of submitted physician reports show no evidence of functional deficit, unchanged symptom complaints with intact clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without further indication for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy without clear musculoskeletal or neurological deficits. The Physical therapy to left ankle evaluation and treatment; 3x6 (18 sessions) is not medically necessary and appropriate.

Voltaren gel 100gm use up to QID left ankle, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in October 2013. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID for this patient with unidentified diagnosis of osteoarthritis. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Clinical exam is without acute changes, progressive deterioration, or report of flare-up for this injury. The Voltaren gel 100gm use up to QID left ankle with 3 refills is not medically necessary and appropriate.