

<b>Case Number:</b>	CM15-0162559		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 08-11-2014 secondary to parking lot gate falling in right ankle-foot. On provider visit dated 04-30-2015 the injured worker has reported pain. On objective findings pain was noted at the right elbow and right knee. The diagnoses have included other joint derangement, not elsewhere classified- ankle and foot and pain and joint, ankle and foot. Treatment to date has included medication. The provider requested physical therapy 3x4 (right foot), urine toxicology screen and IF unit and supplies (30-60 day rental & purchase).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 (right foot): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and is being treated for right foot and ankle pain. When seen, she also had complaints of right shoulder, elbow, and low back pain. When seen, there was no recorded physical examination. No medications are documented. Recent physical therapy for the right knee, ankle, and foot was provided beginning in December 2014. In terms of physical therapy for an ankle or foot Sprain, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and is being treated for right foot and ankle pain. When seen, she also had complaints of right shoulder, elbow, and low back pain. When seen, there was no recorded physical examination. No medications are documented. Recent physical therapy for the right knee, ankle, and foot was provided beginning in December 2014. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation that indicates opioid medication was being prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction. Therefore, urine drug screening was not medically necessary.

**IF unit and supplies (30-60 day rental & purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and is being treated for right foot and ankle pain. When seen, she also had complaints of right shoulder, elbow, and low back pain. When seen, there was no recorded physical examination. No medications are documented. Recent physical therapy for the right knee, ankle, and foot was provided beginning in December 2014. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for up to 60 days is not cost effective and not necessary to determine its efficacy.