

Case Number:	CM15-0198732		
Date Assigned:	10/14/2015	Date of Injury:	07/22/2014
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 7-22-2014. A review of medical records indicates the injured worker is being treated for lumbar spine sprain strain, left ankle sprain strain, fracture of left ankle by history, rule out chronic regional pain syndrome, and left knee internal derangement. Medical records dated 9-4-2015 noted intermittent moderate low back pain with radiation down both legs, left more than right as well as intermittent moderate left ankle pain and left knee pain. Physical examination of the lumbosacral spine revealed tenderness to palpation about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facet and right greater sciatic notch. There were muscle spasms. The left ankle revealed tenderness to palpation along the medial-lateral joint line. There was restricted range of motion due to complaints of pain. Examination of the left knee revealed lateral subluxation of the patella with crepitus. There was guarding. Range of motion was from 0 degrees to 95 degrees. Treatment has included Tylenol #3 and Naproxen since at least 4-24-2015. Utilization review form dated 9-10-2015 non-certified physical therapy 1 x a week for 4 weeks for the left ankle and single point cane for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 4 weeks, left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

Single point cane, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. There is no significant impairment in range of motion or stability in examination of the knees or ankles that would require assistance with ambulation. Therefore, the request is not medically necessary.