

Case Number:	CM15-0051240		
Date Assigned:	03/24/2015	Date of Injury:	02/25/2013
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: California

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 55 year old male, who sustained an industrial injury on February 25, 2013. He reported left foot, left ankle, left wrist, and low back injuries. The injured worker was diagnosed as having status post left ankle open reduction and internal fixation in 2013, intra-articular comminuted distal radial fracture - status post radioscapulohumeral fusion, discogenic lumbar condition with facet inflammation and radiculopathy, and chronic pain syndrome. On October 16, 2014 he underwent a left ankle arthroscopy with removal of hardware in the distal tibia and distal fibula. Treatment to date has included x-rays, CT scan, postoperative physical therapy, and medications. On February 24, 2015, the injured worker complains of back pain with muscle spasms, stiffness, and tightness. He had fallen at home and braced himself with his left arm. He has increased wrist pain with numbness and tingling into the hand. The use of a wrist brace is helpful. The physical exam revealed tenderness across the lumbar paraspinal muscles and facets, and pain with facet loading on the right lumbar 3-sacral 1. There was weakness and decreased left ankle range of motion. The left wrist had tenderness along the extensor carpi ulnaris, carpometacarpal, and scaphotrapezialtrapezoidal joints. The treatment plan includes 12 sessions of physical therapy for the left ankle, repeat x-rays of the left wrist, referral to spine specialist or physiatrist for possible injection for low back, and a referral to spine surgeon for surgical evaluation. The note indicates that additional physical therapy is requested for the left foot, the patient has received 12 sessions already. "His pain is unchanged." The note indicates that the patient's back pain has gotten progressively worse. The patient reports pain radiating to the leg and upper thigh with numbness and tingling along the lateral distribution with

dorsiflexion and plantar flexion with pain along the facets with positive facet loading in the lumbar spine. Diagnoses include lumbar facet inflammation with radiculopathy. The treatment plan recommends 12 additional therapy sessions and repeat x-ray of the left wrist since the recent fall. Also a referral to a spine surgeon or physiatry for possible injection of the low back and referral to spine surgeon for consultation for surgical evaluation is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 session, Left Ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, MTUS Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Consultation/ Referral to Spine Specialist or Physiatrist for possible injection for Low Back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127 and Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: Regarding the request for consultation/ referral to spine specialist or physiatrist for possible injection for low back, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the patient has findings consistent with facet arthropathy and lumbar radiculopathy. The patient has tried numerous conservative treatments without sustained relief of symptoms. It does not appear that the treating physician has other ideas regarding treatment options for the patient's lumbar spine. Therefore, consultation with an expert in interventional procedures for the lumbar spine is a reasonable next treatment step. Therefore, the currently requested consultation/ referral to spine specialist or physiatrist for possible injection for low back is medically necessary.

Referral to Spine Surgeon for Surgical Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears there are other conservative treatment options available prior to consideration for surgery. As such, the currently requested surgical consultation is not medically necessary.