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| Case Number: | CM15-0059415 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 01/28/2015 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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: Internal Medicine

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 26 year old male, who sustained an industrial injury on 1/28/2015. He reported injuring his right leg. Diagnoses have included laceration of the right leg; rule out partial tear of the leg muscles. Treatment to date has included stitches to the right leg wound and medication. According to the progress report dated 3/12/2015, the injured worker complained of right ankle and foot pain. Physical exam revealed a car on the lateral aspect of the right, distal leg with moderate focal swelling. There was spasm and tenderness to the right lateral malleolus and right lateral leg. Authorization was requested for a follow up visit with range of motion measurement and activities of daily living and physical medicine, electrical muscle stimulation, infrared and massage three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with range of motion measurement and activities of daily living (ADL's):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure last updated 11/24/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 364-366.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) ACOEM Chapter 14 Ankle and Foot Complaints indicates that in the recommended focused foot and ankle examination, the range of motion of the foot and ankle should be determined both actively and passively, as part of the regional foot and ankle examination. The initial evaluation report dated 3/12/15 documented right ankle and foot complaints. Range of motion of the right ankle was documented. Right ankle flexion was 20 /20 degrees. Right ankle extension was 50 / 50 degrees. Right ankle inversion was 20 /20 degrees. Right ankle eversion was 10 /10 degrees. The requested service was a follow-up visit with ROM range motion measurement and ADLs. The request for "ADLs" is not clearly defined. "ADLs" presumably refers to activities of daily living, which are the basic tasks of everyday life that a patient would perform, not a medical service that would be performed by a physician. Because the request for "ADLs" is not clearly defined, the request for "ADLs" cannot be endorsed. MTUS and ACOEM guidelines indicate that ROM range of motion is an integral part of the standard physician's physical examination. Separate ROM range of motion measurements are not supported, because range of motion measurements are an integral part of a standard physical examination. Computerized ROM measurements are not recommended by MTUS guidelines. Because the request for "ADLs" was not clearly defined and separate ROM range of motion measurements are not supported by MTUS guidelines, the request for a follow-up visit, that was bundled with the two non-supported components, is not supported. Therefore, the request for a follow-up visit with ROM range motion measurement and ADLs is not medically necessary.

Physical medicine, electrical muscle stimulation, infrared, massage; 12 sessions (3 times 4):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372; 369; 371. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary Online Version last updated 12/22/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376, Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Massage therapy Page 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface, Physical Therapy Guidelines. ODG Ankle & Foot (Acute & Chronic) Electrical stimulators (E-stim), Diathermy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying

the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. MTUS Chronic Pain Medical Treatment Guidelines indicates that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. There is a lack of long-term benefits. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicate that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms, although some are used commonly in conjunction with an active therapy program, such as therapeutic exercise. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Passive physical therapy modalities are not recommended. Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) indicates electrical stimulators (E-stim) are not recommended. Diathermy is not recommended. Ultrasound, laser, short-wave therapy and electrotherapy have no added value in lateral ankle injuries and are not recommended. The initial evaluation report dated 3/12/15 documented right ankle and foot complaints, and a request for 12 visits of physical medicine. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 12 visits of PT physical medicine exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical medicine, electrical muscle stimulation, infrared, massage, 12 sessions (3x4) is not medically necessary.