

Case Number:	CM14-0150771		
Date Assigned:	09/19/2014	Date of Injury:	06/11/2013
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

The injured worker is a 28-year-old female who reported a work related injury on 06/11/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of chronic left foot/medial ankle pain, status post ligamentous repair, low back pain and myofascial pain. The injured workers past treatment has included physical therapy and medication management. The injured worker's diagnostic test include an x-ray of the ankle which revealed no acute osseous injury involving the left ankle. Surgical history includes a ligamental repair in 01/2014. Upon examination on 08/08/2014, the injured worker complained of ongoing left ankle and low back pain. There were no significant changes from the last visit. Upon examination on 05/05/2014, the injured worker complained of pain in her medial ankle which was very sensitive to touch, particularly around the incision. She rated her overall intensity of pain as 7/10. She stated that she had difficulty "sleeping on her left ankle." With any pressure, her pain is increased. She stated that putting any weight on it increases her left ankle pain as well. Therefore, she had difficulties standing and walking. The injured worker also complained that she could normally walk using a stick or crutches. As a result of pain, she stated she sleeps less than 6 hours a night. The injured worker was noted to not take any medications at this time. Her treatment plan consisted of Relafen 750 twice a day, exercise the left foot and ankle to make it stronger, and a course of acupuncture treatment 2 times a week for 4 weeks. The rationale for the request was not submitted for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial massage therapy 4 visits, for the foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127, 98, 99 of 127.

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

Decision rationale: The request for Trial massage therapy 4 visits, foot and ankle is not medically necessary. The California MTUS states massage therapy should be adjunct to other recommended treatments such as exercise, and should be limited to 4 to 6 visits in most cases. Scientific studies show contraindicated results. Furthermore, many studies lack long term follow-up. Massage is beneficial and attenuating diffuse musculoskeletal symptoms but beneficial effects will register only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long term benefit can be due to short period or treatment such as these do not address underlying causes of pain. In regard to the injured worker, the medical records provided for review did not indicate at this time that massage has been proposed as an adjunct to other treatment. It is also not clear that this treatment would provide a meaningful benefit in this chronic phase beyond very short term improvement. As such, the request for Trial massage therapy 4 visits, foot and ankle is not medically necessary.

Physical therapy 6 visits, for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127, 98, 99 of 127.

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

Decision rationale: The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worked completed physical therapy. However, documentation regarding those sessions were not provided for review. There was also no mention of functional improvements such as working well performing usual and customary duties. Additionally, within the documentation there was no evidence of exceptional factors to warrant additional visits. Furthermore, The California Chronic Pain Medical Treatment Guidelines also recommends active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Move over, the clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regards to back with previous physical therapy sessions. There is no documentation of any significant residual functional deficits to support the request

for additional therapy. Therefore, the request for Physical Therapy 6 visits, for the low back is not medically necessary.