

Case Number:	CM14-0160420		
Date Assigned:	10/06/2014	Date of Injury:	06/06/2013
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, foot, ankle, and left upper extremity pain reportedly associated with an industrial injury of June 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; earlier ankle ORIF surgery on July 15, 2013; subsequent diagnosis with chronic regional pain syndrome; and extensive periods of time off of work. In a Utilization Review Report dated September 25, 2014, the claims administrator failed to approve request for six sessions of physical therapy. The applicant's attorney subsequently appealed. In a progress note dated September 18, 2014, the applicant reported persistent complaints of left ankle and left foot pain, with ancillary complaints including neck pain, post-traumatic headaches, and left upper extremity weakness. Six sessions of physical therapy were sought, to include modalities such as soft tissue massage, mobilization, myofascial release, and acupuncture. It was stated that further surgical intervention was not indicated. Repeat MRI imaging to evaluate post-traumatic arthritis was sought. Gabapentin was prescribed. The applicant exhibited a positive Tinel's sign about the ankle. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy, Left Ankle QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98-99, 8..

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 24 sessions of treatment for reflex sympathetic dystrophy (CRPS), the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of function improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence of any progressively diminishing work restrictions from visit to visit so as to support the proposition that the applicant has improved with earlier treatment. The applicant's ongoing usage of Naprosyn, gabapentin, and other medications further imply the lack of functional improvement as defined in MTUS 9792.20f to date. Finally, the attending provider has stated that the physical therapy modalities being sought here include soft tissue massage, mobilization, myofascial release, and other passive modalities. This runs counter to the philosophy as espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which states that such passive modalities should be employed "sparingly" during the chronic pain phase of the treatment. Therefore, the request is not medically necessary.