

Case Number:	CM14-0166616		
Date Assigned:	10/13/2014	Date of Injury:	12/01/2009
Decision Date:	11/14/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 injured worker is a represented employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of December 1, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; adjuvant medications; earlier ankle surgery; and earlier provision with an ankle brace. In a Utilization Review Report dated September 29, 2014, the claims administrator approved a request for Lyrica and partially approved a request for 12 sessions of physical therapy as three sessions of the same. An ankle brace was apparently denied. In a July 3, 2014 progress note, the injured worker reported ongoing complaints of ankle pain. The injured worker had alleged involvement of complex pain regional syndrome following earlier Achilles tendon repair surgery. The injured worker was using topical compounded medications. 9/10 pain was noted. The injured worker's work status was not identified. It was stated that the injured worker was having issues with having to change socks several times a day, associated with swelling about the ankle. In a separate note dated July 10, 2014, it was stated that the injured worker had some thickening in the region of the Achilles tendon repair. Lyrica was endorsed. Bicycling and swimming were noted. It was suggested (but not clearly stated) that the injured worker was off of work. In a September 23, 2014 progress note, the injured worker again presented with a flare of ankle, leg, and foot pain. The injured worker stated that his earlier ankle brace had worn down. The injured worker reported some swelling and sweating about the left foot and ankle. Lyrica was endorsed. The injured worker weighed 277 pounds and did have a visible limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic Page(s): 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 chronic regional pain syndrome/reflex sympathetic dystrophy, the diagnosis reportedly present here, this recommendation 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 functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the injured worker is seemingly off of work. The injured worker is having difficulty performing activities of daily living as basic as standing, walking, and negotiating staircases. It does not appear that earlier physical therapy in unspecified amounts has proven beneficial in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

Left ankle brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Brace

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment topic Page(s): 40.

Decision rationale: As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, "edema control" may also be required in applicants who develop swelling of an extremity associated with complex regional pain syndrome. In this case, the attending provider has posited that the injured worker has developed some thickening and/or swelling of the left lower extremity associated with complex regional pain syndrome of the same. Provision of/replacing the injured worker's ankle brace will likely ameliorate the same. Therefore, the request is medically necessary.