

Case Number:	CM14-0184685		
Date Assigned:	11/12/2014	Date of Injury:	04/15/2010
Decision Date:	12/18/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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; has a subspecialty in Pain 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:

This is a male patient with a date of injury of April 15, 2010. A utilization review determination dated October 28, 2014 recommends non-certification of six physical therapy sessions and a pain management referral. A progress note dated October 6, 2014 identifies subjective complaints of having completed previously authorized physical therapy sessions, he reports decreased pain and greater ease with ambulation following his treatment, he continues to have constant pain that is exacerbated by any weight bearing, and the patient continues to take ibuprofen nightly in order to sleep. Physical examination reveals a positive left heel and toe walk, positive right inversion and eversion stress test, and decreased sensation from the left knee to the toes. The diagnoses include left ankle internal derangement, secondary sleep deprivation, secondary stress, and anxiety related to pain. The treatment plan recommends physical therapy for the left ankle twice a week for three weeks and a pain management evaluation. A physical therapy log sheet indicates that the patient has completed 6 sessions from July 23, 2014 to September 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy, Ankle & Foot (Acute & Chronic)

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 6 physical therapy sessions, 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. ODG has more specific criteria for the ongoing use of physical therapy. ODG 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 PT session, and there is documentation of specific objective functional improvement with the previous sessions. The patient has completed 6 sessions of physical therapy and guidelines recommend a total 9 visits over 8 weeks for the diagnosis of ankle internal derangement. The current number of visits being requested, along with the number already completed, exceeds the maximum visits recommended by guidelines for the patient's diagnosis. As such, the currently requested 6 physical therapy sessions is not medically necessary.

1 Pain management referral: Upheld

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

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, State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52

Decision rationale: Regarding the request for a pain management referral, 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 is unclear how the plan or course of care will benefit from a pain management referral. As such, the currently requested pain management referral is not medically necessary.