

Case Number:	CM14-0076541		
Date Assigned:	09/26/2014	Date of Injury:	12/30/2013
Decision Date:	10/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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:

CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. This patient presents with persistent pain in the left ankle and right wrist, 10 months post-injury. Recent exam notes reveal pain in the wrist and pain and swelling in the ankle; however, motor strength and functional range of motion are fully intact. The patient has completed 14 sessions of both physical therapy and occupational history, but no clearly defined functional goals were presented, and no estimate of the patient's progress to date in meeting therapeutic goals. CA MTUS stresses the importance of a time-limited treatment plan, with a rapid transition to active therapy, utilizing internal effort by the individual to complete specific exercises or tasks. Brief mention was made in the notes of a home exercise program; however, no rationale was offered to support additional physical and occupational therapy in the pursuit of the goals of transitioning to an independent active therapy program. Therefore, the request for Occupational Therapy for the Right Wrist - 8 sessions is not medically necessary. Treatment to date: medications, injections, night splints, physical therapy x 14 occupational therapy x 14, home exercise program, orthotics. An adverse requirement was received on 5/19/14; because despite completing physical therapy x 14 to left foot and occupational therapy x 14 to right wrist, the patient continued to complain of ongoing pain. Full range of motion in the left foot and the right wrist is noted. CA MTUS Chronic Pain Guidelines support a brief course of physical therapy with specific treatment goals. A lack of documentation regarding such goals was cited, as well as any indication that the patient had been engaged in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Foot/Ankle - 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Current Edition (Web), Ankle/Foot Sprain

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), Chronic Pain Medical Treatment Guidelines (Physical Therapy page 98-99); CA MTUS 2009 Â§9792.22. General Approaches: Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. This patient presents with persistent pain in the left ankle and right wrist, 10 months post-injury. Recent exam notes reveal pain in the wrist and pain and swelling in the ankle; however, motor strength and functional range of motion are fully intact. The patient has completed 14 sessions of both physical therapy and occupational history, but no clearly defined functional goals were presented, and no estimate of the patient's progress to date in meeting therapeutic goals. CA MTUS stresses the importance of a time-limited treatment plan, with a rapid transition to active therapy, utilizing internal effort by the individual to complete specific exercises or tasks. Brief mention was made in the notes of a home exercise program; however, no rationale was offered to support additional physical and occupational therapy in the pursuit of the goals of transitioning to an independent active therapy program. Therefore, the request for Physical Therapy for the Left Foot/Ankle - 8 sessions is not medically necessary.

Occupational Therapy for the Right Wrist - 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Current Edition (Web), Sprains and Strains of Wrist and Hand

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 Chronic Pain Medical Treatment Guidelines (Physical Therapy page 98-99); CA MTUS 2009 Â§9792.22. General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. This patient presents with persistent pain in the left ankle and right wrist, 10 months post-injury. Recent exam notes reveal pain in the wrist and pain and swelling in the ankle; however, motor strength and functional range of motion are fully intact. The patient has completed 14 sessions of both physical therapy and occupational history, but no clearly defined functional goals were presented, and no estimate of the patient's progress to date in meeting therapeutic goals. CA MTUS stresses the importance of a time-limited treatment plan, with a rapid transition to active therapy, utilizing internal effort by the individual to complete specific exercises or tasks. Brief mention was made in the notes of a home exercise program; however, no rationale was offered to support additional physical and occupational therapy in the pursuit of the goals of transitioning to an independent active therapy program. Therefore, the request for Occupational Therapy for the Right Wrist - 8 sessions is not medically necessary.