

Case Number:	CM15-0004162		
Date Assigned:	01/15/2015	Date of Injury:	09/06/2013
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 42- year old male, who sustained an industrial injury on September 6, 2013. The mechanism of injury was not described in the documentation that was reviewed. Currently, the IW complains of swelling and pain in the left ankle that worsened with walking. The worker had surgery that did not resolve the pain. There was also a cracking noise with range of motion and the left thigh was leaner and weaker than the right thigh. Diagnoses included low back pain, knee pain, lateral epicondylitis and ankle pain. Treatment plan included a request for physical therapy and an orthopedic consultation and wall squats to strengthen the left vastus medialis and stationary bike as tolerated. On December 22, 2014, the Utilization Review decision non-certified a request for physical therapy visits two times per week for four weeks and long compression brace for the ankle to the distal knee. The rationale for the non-coverage noted the worker's injury was old, physical therapy had already been completed and the documentation did not contain any clear indication of musculoskeletal deficits that could not be addressed with a home exercise program. The brace was non-covered due to the documentation did not contain evidence of a clearly unstable joint what would require immobilization. The MTUS was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of physical therapy visits two times per week for four weeks and long compression brace for the ankle to the distal knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the low back - SI joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California chronic pain medical treatment guidelines section on Ketorolac states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Per the ODG: Only recommended for short-term in management of moderately severe acute pain that requires analgesia at the opioid level. In this case, the documentation does not indicate acute pain treatment but rather than the treatment of a chronic pain condition. In the absence of acute pain treatment, the medication is not indicated per the California MTUS and the ODG. Therefore the request is not certified.

Long compression brace for the ankle to distal knee joint: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The ACOEM chapter on ankle complaints states for acute injuries, immobilization and weight bearing as tolerated with taping or bracing later to avoid exacerbation or for prevention is recommended. Prolonged supports or bracing without exercise is not recommended. The patient does not have an acute injury. This is an ongoing chronic injury which bracing is not recommended per the ACOEM. Therefore the request is not certified.