

Case Number:	CM15-0046531		
Date Assigned:	03/18/2015	Date of Injury:	08/26/2014
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 52-year-old female, with a reported date of injury of 08/26/2014. The diagnoses include right ankle/foot strain. Treatments to date have included an MRI of the right ankle/foot, x-ray of the right ankle/foot, and oral medications. The progress report dated 02/03/2015 indicates that the injured worker complained of right ankle/ foot pain which increased with walking and weight-bearing. Swelling was greatest at the end of the day. There was decreased pain, swelling, and need for medications with the use of an interferential (IF) unit. The objective findings include tenderness to palpation of the right ankle/foot anterior joint and spasm of the Achilles. The treating physician requested eight physical therapy visits for the right ankle/foot to decrease pain and swelling, one tube of Voltaren Gel, and a conductive garment for the right foot/ankle to provide a better overall effect and to enable the injured worker to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, Ankle/Foot Qty: 8.00: Upheld

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

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

Decision rationale: Physical therapy, Ankle/Foot Qty: 8.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation is not clear on the amount and the efficacy of prior therapy therefore additional physical therapy for the ankle/foot cannot be determined as medically necessary.

Voltaren Gel one tube: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Voltaren Gel one tube is medically necessary. Per the MTUS Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The documentation dated 2/3/15 states that Anaprox was discontinued due to heartburn although the medication decreased swelling. The documentation does not indicate that the patient has used this gel before. The MTUS states that this medication can be used short term for joints such as the ankle/foot. The request is therefore medically necessary.

Conductive Garment (R) Foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 235.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Conductive Garment (R) Foot/ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that this is requested due to wires getting tangled and possible causing the patient falls and also for better overall effect of the device and enable to allow the patient to continue walking. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation is not clear on efficacy of patient's transcutaneous electrical stimulation device. There is reference to a denied interferential unit. Without efficacy of this device in regards to pain/function the request for conductive garment is not medically necessary.

