

Case Number:	CM15-0066692		
Date Assigned:	04/14/2015	Date of Injury:	08/26/2014
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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: California
Certification(s)/Specialty: Internal 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 56-year-old male who sustained an industrial injury on 8/26/14. The injured worker reported symptoms in the left upper extremity. The injured worker was diagnosed as having left wrist pain, left wrist status post open reduction and internal fixation colles fracture, left elbow pain, left elbow contusion, left shoulder strain, and left shoulder impingement syndrome. Treatments to date have included physical therapy and activity modification. Currently, the injured worker complains of left upper extremity discomfort. The plan of care was for a splint, physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (6 visits) to the left shoulder and wrist: 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 Therapy (PT) Physical Medicine, pages 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for fractures, 16 visits of postsurgical physical therapy are recommended. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document that 27 physical therapy visits were completed from October 2014 through March 2015. The date of injury was 08-26-2014. The primary treating physician's progress report dated 03-11-2015 does not document functional improvement with past physical therapy visits. No exceptional factors were noted. Without documented functional improvement with past physical therapy visits, the request for additional PT physical therapy visits are not supported by MTUS guidelines. Therefore, the request for physical therapy is not medically necessary.

Dorsiflex night splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Ankle & Foot Procedure Summary Online Version last updated 12/22/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation ACOEM 3rd Edition (2011) Ankle and foot disorders <http://www.guideline.gov/content.aspx?id=36625>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses ankle splints. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) indicates that prolonged supports or bracing without exercise (due to risk of debilitation) is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) does not recommend night splint for Achilles tendinopathy. The primary treating physician's progress report dated 03-11-2015 documented left ankle and foot range of motion. Dorsiflexion was 20 degrees. Plantar flexion was 50 degrees. Inversion was 30 degrees. Eversion was 30 degrees. Negative swelling and negative anterior drawer sign were noted. Tenderness of the distal attachment of the left Achilles was noted. Left Achilles tendinopathy was the diagnosis. The date of injury was 08-26-2014. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) does not recommend a night splint for Achilles tendinopathy. The request for a dorsiflexion night splint for Achilles tendinopathy is not supported by ACOEM guidelines. Therefore, the request for dorsiflexion night splint is not medically necessary.