

<b>Case Number:</b>	CM15-0092737		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old male, who sustained an industrial injury on 11/26/2014. The current diagnoses are left ankle sprain/strain and left non-displaced fracture of the lateral malleolus. According to the progress report date 4/20/2015, the injured worker complains of occasional burning pain in his left ankle accompanied by swelling. The level of pain is not rated. The physical examination of the left ankle reveals tenderness over the lateral joint line and swelling of the left lateral malleolus. He limps or favors his left lower extremity. The current medications are Naproxen, Tylenol, and Hydrocodone/APAP. Treatment to date has included medication management and x-rays. The plan of care includes 12 physical therapy sessions to the left ankle, 12 acupuncture sessions to the left ankle, and Solar Care FIR heating system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times A Week for 4 Weeks to Left Ankle: 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 Medicine Page(s): 99.

**Decision rationale:** Regarding the request for physical therapy, 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, and in cases of malleolar fracture up to 12 sessions are appropriate. However, within the documentation available for review, there is an orthopedic consultation note dated 2/2/15 in which the specialist recommended reduced weight bear and use of a cam walker. There was no suggestion at this juncture of participating in active PT and the patient should be cleared to do so. Given this clinical picture, PT at this time is not medically necessary.

**Acupuncture 2 Times A Week for 6 Weeks to Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as 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. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the current request for a visit exceeds the 6 visit trial recommended by guidelines. Since the independent medical review process cannot modify any requests, the currently requested acupuncture is not medically necessary.

**Solar Care FIR Heating System:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** With regard to this request for Solar Care Heating System, the ACOEM, Shoulder Complaints Chapter, on pages 203-4 state the following: "Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium

quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Initial use of less-invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist." The peer reviewed literature and evidenced based guidelines including the MTUS and ACOEM do not support a heating system with far infrared technology as opposed to a simpler system of heating pad. Given this, this request is not medically necessary.