

Case Number:	CM15-0123911		
Date Assigned:	07/08/2015	Date of Injury:	07/18/2012
Decision Date:	10/05/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/26/2015

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: Emergency 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 24-year-old male, who sustained an industrial injury on 7/18/12. The injured worker has complaints of right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally. Right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. The request was for Physical therapy 3 times a week for 4 weeks for the right ankle; hot/cold unit; transcutaneous electrical nerve stimulation unit; retrospective urine drug screen administered 5/14/15; functional capacity evaluation; right ankle brace and right ankle X-ray.

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 for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Acute & Chronic, and Physical Therapy, noted: Fracture of ankle (ICD9 824).

Decision rationale: The requested Physical therapy 3 times a week for 4 weeks for the right ankle, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Acute & Chronic, and Physical Therapy, noted: Fracture of ankle (ICD9 824): Medical treatment: 12 visits over 12 weeks. Post-surgical treatment: 21 visits over 16 weeks. The injured worker has right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally, right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 3 times a week for 4 weeks for the right ankle is not medically necessary.

Hot/cold unit: 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), Ankle & Foot Chapter, and Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Acute & Chronic, Hot/Cold therapy.

Decision rationale: The requested Hot/cold unit is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Acute & Chronic, Hot/Cold therapy noted that ice is useful in the first few days after injury. The injured worker has right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally, right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, Hot/cold unit is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation), Page(s): 114-116.

Decision rationale: The requested TENS unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally, right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit is not medically necessary.

Retrospective urine drug screen administered 5/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Drug testing" Page(s): 43.

Decision rationale: The requested Retrospective urine drug screen administered 5/14/15, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally, right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of neither the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective urine drug screen administered 5/14/15 is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

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's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004) Chapter 7, pages 137 and 138.

Decision rationale: The requested Functional capacity evaluation is not medically necessary. CA MTUS The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally, right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional capacity evaluation is not medically necessary.

Right ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Acute & Chronic, Ankle foot orthosis (AFO).

Decision rationale: The requested Right ankle brace is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Acute & Chronic, Ankle foot orthosis (AFO) note: Recommended as an option for foot drop. The injured worker has right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally, right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. The treating physician has not documented evidence of joint

instability. The criteria noted above not having been met, Right ankle brace is not medically necessary.

Right ankle X-ray: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Acute & Chronic, Radiographs.

Decision rationale: The requested Right ankle x-ray is medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Acute & Chronic, Radiographs, are recommended for fracture evaluation. The injured worker has right hip and right ankle pain. The documentation noted right hip tenderness to palpation anteriorly/laterally, right ankle swelling, tenderness to palpation anteriorly/laterally, decreased range of motion and decreased motor strength right ankle extensors. The diagnoses have included right hip strain/sprain; right ankle strain/sprain and status post right ankle fracture with residual pain and weakness. Treatment to date has included short leg application of short leg splint, calf to foot; physical therapy and medications. The treating physician has documented the necessity for follow-up x-rays for the fracture. The criteria noted above having been met, Right ankle X-ray is medically necessary.