

Case Number:	CM13-0004142		
Date Assigned:	12/11/2013	Date of Injury:	04/23/2012
Decision Date:	02/27/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a female with a DOI of 4/23/12 with left hip, groin, and hip flexor pain. Report dated July 2, 2013, indicates the patient states her pain has decreased after several sessions of acupuncture, chiropractic treatment, and physical therapy. The patient feels the combination of the three has helped dramatically. There is no indication the report of the functional improvement, however, from these treatments. The patient reports inability of pushing off when walking. She also has swelling of the right ankle. She was told she over pronates when walking. Her orthotics are now 10 years old. MRI on 8/12/13 shows patient is s/p right L5-S1 laminectomy with mild scarring and desiccation of L4-5 and L5-S1. EMG on 8/14/13 shows low grade denervation of right sided L5/S1 lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom foot orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS addresses orthotics on page 376 of ACOEM stating, "for appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator." There is no diagnosis given in this case for orthotics other than the patient currently wears them. Given the patient's current clinical situation, for orthotic needs may have changed in the past 10 years. Therefore without proper diagnosis, orthotics would not be appropriate. They need to be evaluated, fitted, and appropriate for her particular condition. Therefore, as she does not have an appropriate diagnosis for orthotics, this treatment is not appropriate at this time.

Acupuncture, 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture guidelines recommend continuation of acupuncture only if functional improvement has been shown. The patient has already had several sessions of acupuncture with reported pain relief, however, there is no indication the current records of the patient has any functional improvement with this treatment. There is continued documentation that the patient is having functional impairments. In order to continue with acupuncture, the patient must show functional improvement and this is not currently evident. Therefore acupuncture is not appropriate at this time.

Chiropractic, 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 59.

Decision rationale: MTUS chronic pain guidelines recommend continuation of manual therapy only if functional improvement has been shown. The patient has already had several sessions of chiropractic with reported pain relief, however, there is no indication the current records of the patient has any functional improvement with this treatment. There is continued documentation that the patient is having functional impairments. In order to continue with manual therapy, the patient must show functional improvement and this is not currently evident. Therefore manual therapy is not appropriate at this time.

Physical therapy, 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS chronic pain guidelines recommend continuation of physical therapy only if functional improvement has been shown. The patient has already had several sessions of physical therapy in 3/2013 with reported pain relief, and some indication the patient had improved range of motion with straight leg raise. However, there is continued documentation that the patient is having functional impairments. The PT records do not show any other improvements or improvements with ADLs. In order to continue with therapy, the patient must show functional improvement and this is not currently evident. In addition, MTUS physical medicine guides allow for limited PT. The patient has multiple course of PT in 3/2013 and 12/2012 without significant gains. Therefore continued PT is not appropriate at this time.