

Case Number:	CM13-0029109		
Date Assigned:	07/02/2014	Date of Injury:	01/04/1991
Decision Date:	08/15/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 4, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; unspecified amounts of physical therapy; multiple earlier knee surgeries; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 05, 2013, the claims administrator approved request for Cardivas (glucosamine), Ultracet, Celebrex and a followup orthopedic evaluation, but denying Lidoderm, aquatic therapy, and extracorporeal shockwave therapy, and a consultation with a podiatrist. The claims administrator based its denial on extracorporeal shockwave therapy solely on cited guidelines, incorrectly stating that there was no guideline support for ESWT (extracorporeal shockwave therapy) for shoulder pain. The claims administrator also bases denial for ESWT for the feet on a tepid guideline. The claims administrator stated that there was no basis to support podiatry consultation on the grounds that the applicant had had a podiatry evaluation and that the attending had failed to justify a repeat evaluation. The applicant's attorney subsequently appealed. A March 8, 2013 psychiatry note is notable for comments that the applicant was somewhat less depressed 12 weeks after knee surgery. The applicant was using Celebrex and Tramadol. The applicant had apparently developed nausea with Tramadol. The applicant nevertheless remained depressed and anxious with derivative complaints of insomnia. Wellbutrin, Risperdal, Ativan, Restoril, and Prilosec were endorsed, along with ankle braces. On May 17, 2013, the applicant was placed off of work, on total temporary disability until June 16th. The attending provider stated that he would return the applicant to modified work on June 17th provided the employer was able to accommodate the applicant's limitations. The attending provider expressed out that the applicant's employer

could in fact accommodate the limitations in question. On August 5, 2013, the applicant presented with multifocal shoulder, hand, ankle, and low back pain. The applicant had reportedly returned to modified work. The attending provider stated that he was still seeking authorization for aquatic therapy nevertheless. The applicant's gait was not described. Celebrex, Cardivas, Ultracet, Lidoderm patches, and bilateral wrist splints were endorsed. Three sessions of extracorporeal shockwave therapy to the shoulders were sought. It was stated that the applicant had had a podiatry consultation in the past, but the applicant's former podiatrist had apparently left the practice. In a medical-legal evaluation of October 17, 2013, it was acknowledged that the applicant had previously had extracorporeal shockwave therapy for the ankles and feet as well as extracorporeal shockwave therapy to the right shoulder in January 2012. On August 29, 2013, the applicant's secondary treating provider, pain management physician, stated that the applicant did exhibit a slow gait requiring usage of cane, owing to complaints of 8-10/10 multifocal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, 2 BOXES, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants on whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence that the applicant's pain is neurologic or neuropathic in nature. Rather, the applicant appears to have pain complaints secondary to orthopedic issues, including internal derangement of the knee, mechanical low back pain, foot plantar fasciitis, etc. It is further noted that there has not been any clearly documented trial and/or failure of first-line antidepressants and/or anticonvulsants, even if one were to accept the proposition that the applicant's chronic multifocal pain syndrome did represent some form of neuropathic pain. Therefore, the request for topical Lidoderm patches are not medically necessary.

AQUA THERAPY, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.Aquatic Therapy topic Page(s): 99, 22.

Decision rationale: The 12-session course of proposed aquatic therapy, in and of itself, represents treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. No rationale for treatment in excess of MTUS parameters was provided. It is further noted that page 22 of the MTUS Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy in applicant's in whom reduced weightbearing is desirable. In this case, however, it is no clearly stated or suggested that reduced weightbearing is desirable here. The applicant's primary treating provider, moreover, has failed to clearly describe or detail the applicant's gait on several recent office visits. While the applicant's secondary treating provider did acknowledge on August 29, 2013 that the applicant was having a flare in pain resulting in gait derangement and associated with usage of a cane, it does not appear that the applicant's gait issues are long-standing phenomenon and/or that the applicant is precluded from participating in land based therapy or land based exercise. Therefore, the request is not medically necessary.

EXTRACORPOREAL SHOCKWAVE THERAPY, QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports usage of extracorporeal shockwave therapy for calcifying tendinitis of the shoulder, in this case, however, there is no radiographic evidence of calcifying tendinitis of the shoulder, the diagnosis for which ESWT is, per ACOEM, recommended by medium quality evidence. It is further noted that the applicant has already had earlier extracorporeal shockwave therapy at an earlier point in the course of the claim, in early 2012, despite the tepid ACOEM recommendation. The attending provider does not document the applicant's response to the same. The attending does not establish the presence of functional improvement as defined by the parameters established in section 9792.20f through earlier unspecified amounts of extracorporeal shockwave therapy. Therefore, the request for three sessions of extracorporeal shockwave therapy is not medically necessary.

CONSULTATION WITH PODIATRIST FOR BILATERAL ANKLES, QTY:1:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 7, PAGE 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 1. Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints proved recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. In this case, the applicant has persistent foot and ankle complaints of uncertain etiology. Obtaining the added expertise of a podiatrist to help ameliorate the same is indicated. Therefore, the request is medically necessary.