

Case Number:	CM13-0031995		
Date Assigned:	12/04/2013	Date of Injury:	02/03/2011
Decision Date:	01/28/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 02/03/2011 after a crush injury involving a pallet jack running over his right ankle. The patient was treated conservatively and provided psychiatric support. The patient underwent an MRI that revealed osseous contusion at the posterior base of the first metatarsal, an osseous contusion at the first tarsal metatarsal joint dorsal articulation, and first metatarsophalangeal joint arthrosis. The patient developed a paronychia infection of the first phalanx nail bed, and plantar fasciitis due to altered gait. The patient's chronic pain was managed with medications. The patient's most recent clinical exam findings included medial tibial tenderness above the right foot, lateral and medial joint line tenderness of the right ankle, and range of motion described as 5 degrees in dorsiflexion, 20 degrees in plantar flexion, 5 degrees in aversion, 5 degrees in inversion; and tenderness to the lateral and medial malleolar region, Achilles, tendon, and subpatellar joint. The patient's diagnoses included anxiety, depression, chronic pain, and medial calf posterior and abductor strain. The patient treatment plan included aquatherapy, an epidural steroid injection, a hinged knee brace, and EMG/NCV, a TENS unit, an MRI of the right foot and right knee, and a paraffin bath in addition to continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG both lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

Decision rationale: The requested bilateral lower extremity EMG is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has chronic right lower extremity pain related to an industrial injury. American College of Occupational and Environmental Medicine recommends EMGs for the lower extremities when there is suspicion of radiculopathy. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to a back injury or in any way radicular in nature. Therefore, an electromyography would not be indicated. An EMG for both lower extremities is not medically necessary or appropriate.

Hinged Donjoy knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 339-340.

Decision rationale: The requested hinged DonJoy knee brace is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of instability, or surgical planning that would support the need for a hinged knee brace. The American College of Occupational and Environmental Medicine states "a brace can be useful for patellar instability, interior cruciate ligament tear, or a medial collateral ligament instability; although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." The clinical documentation submitted for review did not provide any physical findings to support the need for a hinged knee brace. As such, the requested hinged DonJoy knee brace is not medically necessary or appropriate.

Aquatherapy for right leg pain: 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 Page(s): s 22, 98, 99.

Decision rationale: The requested aquatherapy for right leg pain is not medically necessary or appropriate. California Medical Treatment Utilization Schedule specifically recommends aquatic therapy when reduced weightbearing is desirable. Additionally, California Medical Treatment Utilization Schedule recommends up to 10 visits for pain related to neuritis and myalgia. The clinical documentation submitted for review provides evidence that the patient

failed to respond to land-based therapy. However, there is no indication that the patient would benefit from reduced weightbearing. As such, the requested aquatherapy for the right leg pain is not medically necessary or appropriate.

Consultation for epidural steroid injections for right foot pain: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: The requested consultation for the epidural steroid injection for right foot pain is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has chronic right leg pain. However, California Medical Treatment Utilization Schedule only recommends epidural steroid injections for the management of back pain with associated radiculopathy. The clinical documentation submitted for review does not provide any evidence that the patient has pain related to radiculopathy. Additionally, there is no indication that the patient's right foot pain is related to radiculopathy. Therefore, consultation for an epidural steroid injection for right foot pain would not be supported. As such, the requested consultation for epidural steroid injections for right foot pain is not medically necessary or appropriate.