

Case Number:	CM13-0034005		
Date Assigned:	12/06/2013	Date of Injury:	09/23/1997
Decision Date:	01/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 65 year-old female who reported an injury on 09/23/1997. The patient has had ongoing treatment for chronic low back, neck, bilateral knee pain, and mild headaches as well as suffering from nausea and dizziness. The patient was most recently examined on 10/10/2013 for a re-evaluation of her chronic pain in her low back, neck, knees, and head as well. The patient stated she has been attempting to exercise, but her feet and knees begin to hurt when she walks. It was noted that she has worn orthopedic shoes in the past which gave her a lot of relief in her bilateral lower extremities. Currently, the patient is stating that her pain score is 7/10 with an average of 8/10 prior to her examination. The patient further stated that her pain with medications is roughly 7/10 and without medications is 8+/10. The documentation states that the patient requires a supportive shoe for walking and has had difficulty exercising without the proper shoes. The physician is now requesting 1 urine drug screen, 1 pair orthopedic shoes, and 6 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: Under California MTUS Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. It further states under the ongoing management headline that use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control may be warranted. However, Official Disability Guidelines has also been referred to in this case which states that patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results; however, according to the documentation provided for review, the patient underwent a urine drug screening on 08/16/2013 which noted the patient was consistent for all prescribed medications and no illicit drugs. Therefore, the patient would not be required to undergo an additional urine drug screen until 08/2014. As such, the requested service is non-certified.

1 pair of orthopedic shoes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices.

Decision rationale: California MTUS and California MTUS/ACOEM Guidelines both do not address orthopedic shoes. Therefore, Official Disability Guidelines has been referred to in this case. Under the orthotic devices headline in the ankle and foot chapter, it states that orthotic devices are recommended for plantar fasciitis and for foot pain and rheumatoid arthritis. It further states that the use of shock absorbing inserts and footwear probably reduces the incidence of stress fractures. However, there is insufficient evidence to determine the best design of such inserts, but comfort and tolerability should be considered. It also goes on to state that rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. Rocker profiles are used to afford pressure relief for the plantar surface of the foot, to limit the need for sagittal plane motion in the joints of the foot, and to alter gait kinetics and kinematics in proximal joints. It goes on to state that the effectiveness of rocker soled shoes in restricting sagittal plane motion and in individual joints of the foot is unclear. Lastly, it states outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. In regards to the patient, aside from the documentation stating she is having bilateral knee pain and some foot pain while walking, there are no diagnoses pertaining to necessitate a pair of orthopedic shoes. Furthermore, the documentation does not provide any evidence that the patient is unable to wear any other type of footwear for functional purposes. As such, the requested service does not meet guideline criteria and is non-certified.

6 physical therapy sessions: 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): 98-99.

Decision rationale: Under California MTUS Guidelines, it states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines are set up to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. The patient may benefit from the physical therapy as it pertains to her chronic pain; however, the requested service does not indicate which area of the body the physician is wishing for the patient to undergo physical therapy for. Therefore, without a specific region of the body needing to be treated, the medical necessity cannot be determined at this time for physical therapy sessions. As such, the requested service is non-certified.