

Case Number:	CM13-0054839		
Date Assigned:	06/09/2014	Date of Injury:	02/19/2013
Decision Date:	07/22/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 71 year old female. The patient tripped on a filing box at work and twisted her right foot on 2/19/13. Her diagnoses include pain in the joint involving the ankle and foot (no improvement with closed toe box shoe gear); ankle enthesopathy. The patient has been experiencing intermittent residual right foot pain with swelling. The patient has been using home ice, compression, elevation and rest and also a CAM walker. She has also been prescribed NSAIDS. A 7/30/13 MRI of the right foot reveals hallux valgus deformity with associated osteoarthritis of the first metatarsophalangeal joint. There is no evidence of fracture and there is evidence of erosion along the medial aspect of the first metatarsal head. Please correlate with any evidence of hyperuricemia to exclude gout. A 10/25/13 office visit states that the patient presents to review the results from the MRI of the RIGHT foot performed on 7/30/2013. She was initially given a Cam walker during the day. The patient states that she re-injured her right foot, (3-26-13) by averting her ankle down a curb. She points to the medial forefoot to ankle and medial arch area as her most current source of pain. She states that she still wears the Cam Walker whenever she goes out but just wraps her foot with ace bandage at home. She still has pain to the original site at the medial forefoot at her 1st MP Joint as well. When she goes home she elevates, ices, rests, and takes Motrin as needed which helps. Patient has since been let go by employer. She states she still experiences intermittent pain that comes and goes. There is residual 1st mp joint pain of the right foot. Currently on TTD (total disability benefits) with work restrictions as previously described in the UR pending for foot surgery possible right Bunionectomy. The patient presents today with really bad pain on her right foot that goes all the way up to her hip, according to the patient the pain comes and goes x 3 wks. An X-ray exam is negative for stress fracture at the 2nd and 3rd metatarsal right foot. Hallux valgus deformity noted- no change from

previous report. The treatment plan includes NSAIDS as needed, ice daily, active and passive range of motion to the first MP joint, possible surgical intervention, QME, physical therapy and shoe/work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PHYSICAL THERAPY BETWEEN 10/25/2013 AND 11/27/2013: 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: Unknown physical therapy between 10/25/13 and 11/27/13 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is unclear on how many visits of therapy the patient had during this time (including aquatic therapy). The MTUS physical medicine guidelines recommend 9-10 visits for myalgia (unspecified). Without clarification of the amount of therapy and the efficacy of this therapy the request for unknown physical therapy between 10/25/13 and 11/27/13 is recommended as not medically necessary.

UNKNOWN EXERCISE BETWEEN 10/25/2013 AND 11/27/2013: 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: Unknown exercise between 10/25/13 and 11/27/13 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS encourages exercise and states that in therapy the patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is unclear how this unknown exercise is different from the patient's physical therapy visits. Furthermore without clarification of the amount of therapy (land based and aquatic) and more specific details regarding this unknown exercise the request as written cannot be certified. The request for unknown exercise between 10/25/13 and 11/27/13 is not medically necessary.

UNKNOWN ULTRASOUND BETWEEN 10/25/2013 AND 11/27/2013: 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 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Unknown ultrasound between 10/25/13 and 11/27/13 is not medically necessary per the MTUS guidelines. The ACOEM guidelines state that physical modalities, such as ultrasound and transcutaneous electrical neurostimulation (TENS) Units have no scientifically proven efficacy in treating acute ankle or foot symptoms. The guidelines state that there is insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Furthermore, the request as written is not clear on the frequency of ultrasound provided. The request for unknown ultrasound between 10/25/13 and 11/27/13 is not medically necessary.

UNKNOWN E-STIM BETWEEN 10/25/2013 AND 11/27/2013: Upheld

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

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

Decision rationale: Unknown E stim between 10/25/13 and 11/27/13 is not medically necessary per the MTUS guidelines. The Chronic Pain Medical Treatment Guidelines state that electrical stimulation can be used in cases of multiple sclerosis, spasticity, phantom limb pain, CRPS II, neuropathic pain such as seen in diabetic polyneuropathy or post herpetic neuralgia. The documentation submitted does not reveal evidence of these conditions. Furthermore, the ACOEM guidelines state that physical modalities, such as ultrasound and transcutaneous electrical neurostimulation (TENS) Units have no scientifically proven efficacy in treating acute ankle or foot symptoms. The guidelines state that there is insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Furthermore the request as written without a clear explanation of the frequency of electrical stimulation provided cannot be certified. The request for unknown e stim between 10/25/13 and 11/27/13 is not medically necessary.

UNKNOWN POOL BETWEEN 10/25/2013 AND 11/27/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Unknown pool between 10/25/13 and 11/27/13 is not medically necessary per the MTUS guidelines. The guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme

obesity. The documentation is not clear on how much physical therapy the patient has had during this time. (This includes land based and aquatic). The MTUS physical medicine guidelines recommend 9-10 visits for myalgia (unspecified). Without clarification of the amount of therapy and the efficacy of this therapy the request for unknown pool between 10/25/13 and 11/27/13 is recommended as not medically necessary.

UNKNOWN GRP POOL BETWEEN 10/25/2013 AND 11/27/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Unknown grp pool between 10/25/13 and 11/27/13 is not medically necessary per the MTUS guidelines. The guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The documentation is not clear on how much physical therapy the patient has had during this time. (This includes land based and aquatic). The MTUS physical medicine guidelines recommend 9-10 visits for myalgia (unspecified). Without clarification of the amount of therapy and the efficacy of this therapy the request for unknown grp pool between 10/25/13 and 11/27/13 is recommended as not medically necessary.