Case Number:	CM14-0105157		
Date Assigned:	07/30/2014	**Date of Injury:**	04/15/2013
Decision Date:	09/29/2014	**UR Denial Date:**	06/26/2014
Priority:	Standard	**Application Received:**	07/07/2014

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 Emergency Medicine and is licensed to practice in New York. 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 53-year-old female who was injured on April 15, 2013. The patient continued to experience pain in her lower back, left knee, and left ankle. The physical examination was notable for tenderness with spasms of the bilateral trapezius muscles, and C7 spinous process, tenderness to palpation with spasms of the lumbar paraspinal muscles, intact sensation, tenderness to the left ankle, and positive McMurray's test. The patient's diagnoses included right ankle sprain/strain, right knee sprain/strain, cervical sprain/strain, lumbar spine sprain/strain, left ankle sprain/strain, and left knee sprain/strain. The treatment included physical therapy and medications. Requests for authorization for extracorporeal wave therapy 3 treatments to left ankle and left foot, functional capacity evaluation, transcutaneous electrical nerve stimulation (TENS)/multi-stim/interferential unit and hot and cold pack/wrap or thermal combo unit were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etracorporeal Shock Wave Therapy 3 Treatments to Left Ankle and Left Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: Extracorporeal shock wave therapy (ESWT) is not recommended using high energy ESWT. Low energy ESWT is recommended as an option for chronic plantar fasciitis. In this case the patient is not suffering from plantar fasciitis. There is no medical indication for ESWT. Therefore the request is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Chapter 7: Independent Medical Examinations and Consultations, 7 pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty: Functional Capacity Evaluations.

Decision rationale: Both job-specific and comprehensive functional capacity evaluations (FCEs) can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. According to the Official Disability Guidelines, the criteria for performing a functional capacity evaluation is, "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged." In this case the there is no documentation that the patient has had unsuccessful attempts to return to work or that she is close to maximal medical improvement. Conditions for FCE have not met. Therefore the request is not medically necessary.

Tens/ Multi-Stim Unit/ Inferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 114-115, 118-119.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of TENS have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. The TENS unit is therefore not recommended. The request should not be authorized. Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. There is no documentation that these conditions occur with this patient Therefore the request is not medically necessary.

Hot and Cold Pack/Wrap or Thermal Combo Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Updated 03/26/2014 Cold Packs, Heat Therapy (ice/heat).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Cold/heat packs.

Decision rationale: The MTUS does not address this topic. Cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. While heat and cold packs are useful for low back pain, there is no recommendation that a Hot and Cold unit is necessary to supply the heat and cold applications to the affected area. Sufficient heat and cold can be applied with the use of hot packs, cold packs, or heating pad. There is no medical necessity for Hot and cold pack/wrap or thermal combo unit. Therefore the request is not medically necessary.