MAXIMUS Federal Services

Case Number:	CM14-0106980		
Date Assigned:	08/01/2014	Date of Injury:	01/29/2011
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with date of injury of 01/29/2011. The listed diagnoses per [redacted] dated 04/02/2014 are: 1. Chronic pain. 2. History of crush injury to the right foot.3. History of knee injury. 4. Rule out neuropathic pain. 5. Depressed mood. According to this report, the patient has a history of a crush injury to the right foot in 2011 and had surgical intervention in the fall of 2013. He also had a knee injury and underwent surgery with [redacted], date and surgery type is unknown. He had trials of injections in the right foot with minimal benefits. He rates his current pain a 5/10 to 10/10. He describes his pain as aching, sharp, shooting, and stabbing/electric in the middle aspect of the right foot (both plantar and dorsal aspects). The physical exam of the right lower extremity shows mild 1st great toe edema. There are scars consistent with previous surgeries. There is moderate 1st phalangeal tenderness, severe 1st phalangeal tenderness. There is no crepitation noted. Strength of the major groups is 4/5. There is impaired sensation to touch and pinprick on the right superficial peroneal and medial plantar distribution. The patient has an antalgic gait favoring the right. The patient utilizes a cane for ambulation. Deep tendon reflexes are normal and symmetric. The utilization review denied the request on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 8 sessions for the right lower extremity (knee and foot): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter of Pain, Suffering and Restoration of Function Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic right foot and knee pain. The physician is requesting 8 acupuncture visits for the right lower extremity. The MTUS Guidelines for acupuncture states that it is used as an option when pain medications are reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The 19 pages of records do not show any acupuncture treatment reports to verify how many treatments the patient has received and with what results. In this case, while the patient can benefit from an initial course of acupuncture treatment, the requested 8 sessions exceeds MTUS recommended 3 to 6 initial visits. The request is not medically necessary.

H-wave rental times 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

Decision rationale: This patient presents with chronic right foot and knee pain. The physician is requesting H-wave rental for 3 months. The MTUS Guidelines pages 117 and 118 support a 1-month, home-based trial of H-wave treatments as an invasive conservative option for diabetic neuropathy or chronic soft tissue inflammation. It is to be used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including physical therapy and medications, plus TENS. The 19 pages of records do not show that the patient has trialed an H-wave unit before. In this case, while a trial of an H-wave unit can be beneficial, there is no discussion if the patient has tried and failed a TENS unit in the past. Furthermore, the requested 3-month trial exceeds MTUS recommendations. The request is not medically necessary.

Ultrasound Guided Diagnostic Peripheral Nerve Blocks for the right Superficial Peroneal Medial Planter and or Saphenous nerves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation, Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Not recommended

for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain.

Decision rationale: This patient presents with chronic right foot and knee pain. The physician is requesting an ultrasound-guided diagnostic peripheral nerve block for the right superficial peroneal medial plantar and/or saphenous nerves. The MTUS and ACOEM Guidelines do not address this request. ODG guidelines do not discuss specific nerve injections but does not recommend cortisone injections for tendinitis, Morton's neuroma, or heal pain(plantar fasciitis). In this case, the physician does not discuss what is to be gained by blocking the peripheral nerves. There are no EMG/NCV studies showing peripheral nerve damage in question. The request is not medically necessary.