

<b>Case Number:</b>	CM14-0016350		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational Medicine 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 who was injured on 02/03/2011 when he was pulling a pallet of pineapples and he was hit from behind by a forklift. One of the forks hit his ankle, forced his right foot under the pallet jack which rolled over his foot. Prior treatment history has included physical therapy which the patient states was very painful and following the therapy the pain experienced in the sessions prevented him from walking for a significant length of time. Before physical therapy he rated his pain at 4/10 and afterwards it increased to 10/10 and now it is 7/10 with current medications. Following physical therapy he developed a right knee flexion contracture due to swelling in the knee. A TENS unit with electrodes placed over the tarsal tunnel and the large toe and with the other two electrodes placed over the lateral ankles and lateral toes, reduced the pain by over 50%. The patient signed an opiate contract on 07/25/2013. The patient medications are as follows: 01/09/2014 Cymbalta Nifedipine Omeprazole Docusate Nabumetone Flector patch Lidocaine liquid GKL crÃme Keppra Ambien Pennsaid Diagnostic studies reviewed include: MRI of the right foot dated 02/23/2011: 1. 1st or medial cuneiform situated at the medial foot, posterior to the base of the 1st metatarsal, osseous contusion. 2. 1st metatarsal, medial margin base osseous contusion. 3. 1st tarsometatarsal joint dorsal articulation, osseous contusion. 4. 1st metatarsophalangeal joint arthrosis. 5. 3rd tarsometatarsal mild arthrosis. Needle electromyography dated 09/05/2013 revealed focal reduction velocity in the right distal sural and peroneal nerve fibers proximal to the ankles of unclear etiology possible related to compression of the nerve in the distal right calf proximal to the ankle. Focal conduction slowing in both medial plantar nerve at the ankles in the region of the tarsal tunnel and focal slowing of the right lateral plantar nerve conduction velocity are with the tarsal tunnel syndrome, borderline on the left and mild on the right. No findings of lumbosacral radiculopathy or acute denervation are found. X-ray of the right foot dated 12/19/2013 revealed no evidence

of bony trauma. Progress note dated 01/09/2014 documented the patient to have the following residual conditions: 1) 1st phalanx nail bed, paronychia infection. 2) 1st metatarsal phalangeal pain. 3) 2nd metatarsal phalangeal pain. 4) 1st or medial cuneiform pain. 5) Plantar fasciitis. 6) Right knee effusion, derivative injury to right foot pain over manipulation at physical therapy. 7) Complex regional pain syndrome. The patient states he started to develop numbness in his right leg with weight bearing. The symptoms of complex regional syndrome are increasing. Left foot pain and back pain have been increasing as he attempted to accommodate right lower extremity pain. I have not received the results of the Knee MRI performed months ago. He continues to soak his foot in hot water daily to warm it as it is very cold. Objective findings on exam revealed range of motion of the right knee as follows: extension 10 degrees, flexion 125 degrees, there was moderate tenderness at anterior patellofemoral, mild tenderness at the lateral joint line, moderate tenderness at medial joint line and mild effusion noted. Medial tibial tenderness was moderate. Examination of the right ankle revealed that pressure over the Achilles tendon provoked 2+ pains, referred up to the knee. Inversion of the right ankle provoked lateral malleolar pain. Range of motion dorsiflexion, eversion and inversion were 5 degrees. Plantar flexion was to 20 degrees. Lateral and medial malleolar tenderness was moderate as well as in the subtalar joint. The Achilles tendon solicited mild tenderness. Tenderness medial foot along the 1st metatarsal-tarsal articulation and metatarsal phalangeal joint articulation. Passive translation was tolerated mildly between 3rd and 4th and 5th tarsals, but translation between 1<sup>st</sup> and 2<sup>nd</sup>, and 2<sup>nd</sup> and 3<sup>rd</sup> provoked grimacing. Maximal tenderness was found at the base of the second metatarsal with the tarsals. The 1<sup>st</sup> and 2<sup>nd</sup> metatarsals showed 2+ tenderness to deep pressure. The proximal articulations at the cuneiform were tender. Percussion severely aggravated symptoms, The plantar fascia was tender and mildly nodular on the right foot. Active toe movement was limited. Mild cyanosis. Neurological testing revealed lower extremity manual muscle testing as follows:

	Innervation	Right
Knee extensors	L3-L4	4
Ankle Dorsiflexors	L4-L5	4
Ankle Plantar Flexors	L5-S1	4
Ankle Invertors	L5-S1	3
Toe Extensors	L5-S1	3
Toe Flexors	L5-S1	3

There was sensitivity to touch on legs. Tinel's along the posterior tibial nerve, medial plantar nerve and the right deep peroneal nerve decreased. Nerve distribution at L4 5/5, L5 and S1 4/5. Muscle circumference on the left calf 35 cm, right 33 cm.

Future Medical Treatment: Continue medications as listed. Wearing a custom functional foot orthotics. Right ankle brace to reduce pain in the right ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI OF RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

**Decision rationale:** The Expert Reviewer's decision rationale: This is a request for repeat MRI

of the R knee in a 55 year old male with chronic knee pain. MRI was performed on 9/5/13 and was apparently normal. According to ODG guidelines, repeat MRI is indicated to rule out fracture/dislocation, monitor ongoing therapy known to result in imaging changes, to follow-up a surgical procedure, to evaluate a new injury or significant change in examination, and to repeat an inadequate study. Apparently the patient suffered R knee swelling after a recent physical therapy session (details not provided). However, physical examination findings do not suggest internal derangement or significant interval change. Specific rationale with regard to suspected diagnosis which warrants a repeat MRI is not provided. Medical necessity is not established.

**PODIATRY CONSULT FOR RIGHT FOOT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), pg. 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 503-509.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the CA MTUS guidelines, specialist consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The medical records document diagnoses of right foot contusion with tarsometatarsal joint arthritis and reactive osseous changes from the contusion injuries. The patient had 1st phalanx nail bed paronychia infection, 1st metatarsal phalangeal pain, 2nd metatarsal phalangeal pain, 1st or medial cuneiform pain, plantar fasciitis, and medial calf posterior tibial strain due to compensatory gait. A recent x-ray of the foot on 12/19/13 showed, "no evidence of bony trauma." The patient has had a podiatry consult previously, the most recent was authorized on 2/20/13. These records are not available. The patient has foot orthotics. There has been no interval injury or significant change in examination. Specific rationale for podiatry referral in terms of objective pathology to be addressed is not provided. Medical necessity is not established.

**AQUATHERAPY X 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the CA MTUS guidelines, 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 medical records document diagnosed with right foot contusion with tarsometatarsal joint arthritis and reactive osseous changes from the contusion injuries. The patient had 1st phalanx nail bed paronychia infection, 1st metatarsal phalangeal pain, 2nd metatarsal phalangeal pain 1st or medial cuneiform pain and plantar fasciitis. The patient has apparently had 12 prior aquatic therapy sessions authorized, but there is no objective documentation of functional benefit or pain reduction. The necessity of additional visits in excess of guideline recommendations is not established in the available records. The necessity for reduced weight-bearing is also not established in this case given a normal R knee MRI and normal R foot XR. There is mention that the patient participates in home exercises including walking. Medical necessity is not established.

**NIFEDIPINE 10MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/nifedipine-capsules.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: MedlinePlus a service of the U.S. National Library Of Medicine and <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684028.html>

**Decision rationale:** The Expert Reviewer's decision rationale: The CA MTUS guidelines and ODG do not address the request. According to the MedlinePlus guidelines, Nifedipine is a calcium channel blocker which is recommended to treat high blood pressure and to control angina (chest pain), and it is also used sometimes to treat preterm labor and Raynaud's syndrome as well as chronic complex regional pain syndrome with which the patient is diagnosed. However, it is unclear from the available medical records that this medication is having any benefit in terms of pain or function. Patient continues to have severe pain and dysfunction. Medical necessity is not established.