

Case Number:	CM14-0112381		
Date Assigned:	09/16/2014	Date of Injury:	01/02/2014
Decision Date:	10/21/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 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 injured worker is a 55-year-old male with a reported date of injury on 01/02/2014. The injury reportedly occurred when the injured worker fell off of a roof from a two story height onto cement. His diagnoses were noted to include T12 compression fracture, L3 compression fracture, decreased tactile sensory of the right lower extremity, left ankle medial malleolar and talar neck fracture, right tibial plateau fracture, head trauma with loss of consciousness, and head contusion. His previous treatments were noted to include a knee brace, back brace, crutches, occupational therapy, physical therapy, and medications. The progress note, dated 06/18/2014, revealed complaints of back pain rated 7/10 to 8/10 with no radiating pain. There were complaints of numbness to the right thigh on the lateral aspect, but no weakness of the lower extremities. There were complaints of right knee pain rated 7/10 and left ankle pain rated 7/10. The physical examination revealed positive pain to percussion to the low thoracic and lumbar areas, positive coccygeal tenderness, decreased range of motion, and a positive straight leg raise. There was also a positive Patrick's test and sensation was decreased at L4-5 and L5-S1 to the right side. The physical examination of the right knee revealed tenderness to palpation to the internal more than external joint lines, with full range of motion. The orthopedic tests were negative. The left ankle examination was noted to have mild diffuse edema to the anterior and lateral aspects. There was diffuse tenderness upon palpation and decreased range of motion. The injured worker was not able to tiptoe or heel walk and there was a positive inversion and eversion stress test. The progress note, dated 09/08/2014, revealed complaints of pain rated 7/10 to the low back, left ankle, and right knee. The injured worker continued to ambulate with the assistance of crutches. The physical examination to the lumbar spine revealed decreased range of motion, tenderness to palpation to the lumbar and thoracic spine with spasms. The injured worker was unable to walk on his toes or heels due to pain. The physical examination of the right

knee revealed tenderness to palpation to the anterior, posterior, and lateral aspects. There was mild edema noted. The left ankle noted tenderness to palpation, mild edema, decreased range of motion, and decreased sensation. There was also a positive eversion test noted. The Request for Authorization form, dated 06/18/2014, was for chiropractic manipulation treatments #12 for decreased range of motion, muscle weakness, decreased lifting capacity, and decreased sit/stand/walk capacity; Theracane; ankle brace; and Lidopro 4 oz #1; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation Treatments # 12: 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 Manual Therapy and manipulation Page(s): 58.

Decision rationale: The request for Chiropractic Manipulation Treatments # 12 is not medically necessary. The injured worker was approved for 6 chiropractic treatment sessions. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation regarding evidence of objective functional improvement with previous chiropractic treatment. Additionally, the request for 12 sessions of chiropractic treatment exceeds the guideline recommendations. Therefore, the request is not medically necessary.

Theracane: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment.

Decision rationale: The request for Theracane is not medically necessary. The injured worker complains of back, knee, and ankle pain. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if a device or system meets Medicare's definition of durable medical equipment. Most bathroom toilet supplies do not customarily serve a medical purpose, and are primarily used for convenience in the home. The

guidelines criteria for a defined durable medical equipment are that it can withstand repeated use, and it primarily or customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the patient's home. The Theracane is a massaging device and is primarily used for comfort; however, it does not serve a medical purpose. Therefore, the request is not medically necessary.

Ankle brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: The request for Ankle Brace is not medically necessary. The injured worker complains of ankle pain, with healed fractures, and positive eversion tests. The California MTUS/ACOEM Guidelines state putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. For instance, partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side and having the patient place as much weight as possible on the foot, and with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing. If the nature of the injury does not prohibit them, gentle range of motion exercises several times a day within limits of pain are better than complete immobilization. Toes exposed in a splint should be exercised; range of motion exercises should be performed; and straight leg raise exercises should be done to maintain quadriceps strength. The ankle brace would have been appropriate at the early onset of the injury; however, the injury is now over 6 months old, and therefore, an ankle brace is not appropriate at this time. As such, the request is not medically necessary.

Lidopro 4 oz. # 1: 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 Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: The request for Lidopro 4 oz. #1 is not medically necessary. Lidopro consists of capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further

efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. However, the guidelines state any compounded agent that contains at least one drug that is not recommended is not recommended and capsaicin is not recommended over the 0.025% formulation and lidocaine is not recommended in any formulation other than a Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.