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| Case Number: | CM14-0132848 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 07/26/2010 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with a 7/26/10 date of injury. At the time (6/19/14) of request for authorization for X-ray, left foot, TENS (transcutaneous electrical nerve stimulation), and Hot/Cold unit (purchase) multiple body parts (including body systems and body parts), there is documentation of subjective (abdominal pain, left hip pain with muscle spasms, bilateral knee pain with muscle spasms, numbness and tingling radiating to the foot; moderate to severe left foot/left great toe pain with muscle spasms) and objective (tenderness to palpation at the left greater trochanter, antalgic gait, tenderness to palpation over the medial joint, patellofemoral joint and pes anserine bursa bilaterally, decreased bilateral knee flexion, and positive Apley's compression test; tenderness to palpation at the tarso-metatarsal joint and distal phalanges of the left foot; and decreased motor strength of the bilateral lower extremities) findings, current diagnoses (left hip pain, left hip sprain/strain, bilateral knee sprain/strain, left foot pain crush injury of the left foot, left foot fracture, and abdominal discomfort), and treatment to date (physical therapy and activity modification). In addition, medical report identifies a request for oral and topical pain medications. Regarding for X-ray, left foot, there is no documentation of a red flag noted on history or examination that raises suspicion of a dangerous foot or ankle condition or of referred pain, and a condition/diagnosis (with supportive subjective/objective findings) for which ankle/foot x-ray is indicated. Regarding TENS (transcutaneous electrical nerve stimulation), there is no documentation that additional pain modalities have been tried (medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter: Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Radiography

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation of a red flag noted on history or examination that raises suspicion of a dangerous foot or ankle condition or of referred pain, as criteria necessary to support routine testing such as radiographs. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which ankle/foot x-ray is indicated (such as: inability to bear weight immediately after the injury; Point tenderness over the medial malleolus, or the posterior edge or inferior tip of the lateral malleolus or talus or calcaneus; Inability to ambulate for four steps in the emergency room; Chronic ankle pain, suspected osteochondral injury, initial study; Chronic ankle pain, suspected tendinopathy, initial study; Chronic ankle pain, suspected ankle instability, initial study; Chronic ankle pain, pain of uncertain etiology, initial study; Chronic foot pain, suspected to have Reiter's disease and complains of heel pain and swollen toes; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain and tenderness over head of second metatarsal, rule out Freiberg's disease; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically), as criteria necessary to support the medical necessity of ankle/foot x-ray. Within the medical information available for review, there is documentation of diagnoses of left hip pain, left hip sprain/strain, bilateral knee sprain/strain, left foot pain crush injury of the left foot, left foot fracture, and abdominal discomfort. However, despite documentation of subjective (moderate to severe left foot/left great toe pain with muscle spasms) and objective (tenderness to palpation at the tarso-metatarsal joint and distal phalanges of the left foot) findings, there is no documentation of a red flag noted on history or examination that raises suspicion of a dangerous foot or ankle condition or of referred pain, and a condition/diagnosis (with supportive subjective/objective findings) for which ankle/foot x-ray is indicated (Chronic ankle pain, suspected osteochondral injury, initial study; Chronic ankle pain, suspected tendinopathy, initial study; Chronic ankle pain, suspected ankle instability, initial study; Chronic ankle pain, pain of uncertain etiology, initial study; Chronic foot pain and complains of heel pain and swollen toes; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain and tenderness over head of second metatarsal). Therefore, based on guidelines and a review of the evidence, the request for X-ray, left foot is not medically necessary.

TENS (transcutaneous electrical nerve stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of left hip pain, left hip sprain/strain, bilateral knee sprain/strain, left foot pain crush injury of the left foot, left foot fracture, and abdominal discomfort. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (physical therapy and activity modification) and failed. However, given documentation of a request for oral and topical pain medications, there is no documentation that additional pain modalities have been tried (medication) and failed. In addition, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Therefore, based on guidelines and a review of the evidence, the request for TENS (transcutaneous electrical nerve stimulation) is not medically necessary.

Hot/Cold unit (purchase) multiple body parts (including body systems and body parts):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 369,370. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter and Knee & Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 13 Knee Complaints Page(s): 370; 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot; Knee; Hip & Pelvis, Continuous-flow cryotherapy

Decision rationale: MTUS reference to ACOEM identifies documentation of at-home applications of cold during first few days of acute ankle/foot complaint; thereafter, applications of heat or cold as patient prefers, unless swelling persists, then use cold. In addition, MTUS reference to ACOEM identifies patient's at-home applications of cold packs to the knee may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies that continuous-flow cryotherapy to the ankle/foot is not recommended. In addition,

ODG identifies that Continuous-flow cryotherapy to the knee and hip is recommended as an option after surgery, but not for nonsurgical treatment. Therefore, based on guidelines and a review of the evidence, the request for Hot/Cold unit (purchase) multiple body parts (including body systems and body parts) is not medically necessary.