

Case Number:	CM14-0139253		
Date Assigned:	09/05/2014	Date of Injury:	07/07/2013
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal 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 an injured worker with feet and ankle complaints. Date of injury was 07-07-2013. Regarding the mechanism of injury, the patient's feet began hurting while carrying out her duties. Past treatments included orthotics and physical therapy. Podiatrist's progress report 1/7/14 documented subjective complaints of pain in her feet and ankles. Medications included Levothyroxine and Norvasc. Physical examination demonstrated pain in left second intermetatarsal space, pes planus, left subtalar joint pain, inflamed right achilles, left anterior tibial tendon with inflammation, good muscle strength to all prime movers of the foot and ankle with adequate muscle tone and symmetry bilateral, and full fluid range of motion for all joints from the ankle distal with no crepitation noted bilaterally. Impression included flat foot, pain in joint involving ankle and foot, tibial tendonitis, achilles tendonitis, plantar nerve lesion, and osteoarthritis, and pain in limb. Treatment plan included orthotics for feet. Progress report dated 7/23/14 documented that the patient had a consultation appointment with a reflexologist, but no report was available. No physical examination was documented. Progress report dated 8/19/14 documented bilateral foot pain. Physical examination noted negative acute findings. Diagnosis was bilateral feet pain. Treatment plan included home exercises. Reflexology was requested. Utilization review determination date was 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reflexology, QTY: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Reflexology Low Back - Lumbar & Thoracic (Acute & Chronic) Reflexology Massage Medical Journal of Australia. Is reflexology an effective intervention? A systematic review of randomised controlled trials. Ernst E. Medical Journal of Australia 2009; 191(5): 263-266. PubMedID: 19740047
<http://www.ncbi.nlm.nih.gov/pubmed/19740047>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical treatment methods. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) states that passive physical therapy modalities are not recommended. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) states that reflexology is not recommended. Reflexology is a treatment involving the massaging of specific areas on the foot or hand. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) states that reflexology is not recommended. Reflexology on the feet had no effect on pain and functioning. Three systematic reviews of reflexology in the medical literature concluded that the best clinical evidence does not demonstrate convincingly reflexology to be an effective treatment for any medical condition. Progress report dated 8/19/14 documented bilateral feet pain. Reflexology was requested. Physical examination was not documented in the progress reports dated 7/23/14 and 8/19/14. Reflexology consultation report was not available for review. MTUS, ACOEM, and ODG do not support the medical necessity of reflexology. Three systematic reviews of reflexology in the medical literature concluded that the best clinical evidence does not demonstrate convincingly reflexology to be an effective treatment for any medical condition. Therefore, the request for Reflexology, QTY: 6 sessions are not medically necessary.