MAXIMUS Federal Services

Case Number:	CM14-0164158		
Date Assigned:	10/08/2014	Date of Injury:	07/01/2013
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 licensed in Podiatry and is licensed to practice in New York 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 enclosed information the original date of injury for this patient was 7/1/2013. The patient states that a pallet fell on her right foot. On 7/15/2014 patient was seen by her chiropractor for spasms to the right foot. A tens unit was prescribed.This patient was seen by her chiropractor on 8/19/2014 for complaints of right foot and ankle constant throbbing, stabbing pain, numbness, tingling, tenderness and weakness. Handwritten notes are largely illegible. The best I can make out, they describe the right foot and ankle. They advise of right foot and ankle stress with increased tenderness and decreased range of motion. The prognosis is noted to be excellent. The treatment plan includes chiropractic visits, x-rays of foot, MRI of foot, ortho consult. Diagnoses include injury to the nerves of the lower leg, ankle sprain, foot sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369..

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for chiropractic therapy 3 times a week for 4 weeks is not medically reasonable or necessary for this patient at this time. The MTUS guidelines state that manipulation has not been shown to be effective in alleviating foot and ankle pain. For this reason chiropractic care to alleviate this patient's foot pain cannot be recommended.

X-ray of the foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for x-ray of the right foot is not medically reasonable or necessary according to the guidelines for this patient at this time. First and foremost it is important to mention that the detail and specificity of the enclosed progress notes with regards to this patient is very low. Chapter 14 of the MTUS guidelines states that: Radiographic evaluation may be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiographor a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The progress notes do not demonstrate that this patient has met any of the above criteria.

MRI of the right foot and ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 372-374.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for MRI of the right foot and ankle is not medically reasonable or necessary according to the guidelines for this patient at this time. First and foremost it is important to mention that the detail and specificity of the enclosed progress notes with regards to this patient is very low. Chapter 14 of the MTUS guidelines states

that:Radiographic evaluation may be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiographor a bone scan may be ordered. Imaging findings should be correlated with physical findings.Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Furthermore, for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues areruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. The progress notes do not demonstrate that this patient has met any of the above criteria.

Orthopedic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 112

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 12

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for an orthopedic evaluation is not medically reasonable or necessary for this patient at this time. As stated earlier, this patient's progress notes demonstrate minimal specificity and detail as to the patient's pathology and elements. Conservative treatments have not been attempted or at least documented. The MTUS guidelines state that referrals are recommended when clinical findings suggest undetected clinical pathology or is noted to be bizarre or manifesting in an atypical manner. This does not appear to be the case for this patient, or at least documented in this patient's progress notes.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain treatments Page(s): 116.

Decision rationale: After careful review of the enclosed information and the pertinent chronic pain treatment guidelines for this case, it is my feeling that the decision for a TENS unit is not medically reasonable or necessary for this patient at this time. MTUS Criteria for the use of TENS:Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried(including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms ofpain relief and function; rental would be preferred over purchase during this trial.- Other ongoing pain treatment should also be documented during the trial periodincluding medication usage- A treatment plan including the specific short- and long-term goals of treatmentwith the TENS unit should be submitted- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, theremust be documentation of why this is necessary.According to the enclosed progress notes, this patient does not meet any of the above mentioned criteria for use of a TENS unit.