MAXIMUS Federal Services

Case Number:	CM14-0032028		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2012
Decision Date:	10/07/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 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:

The patient is a 57-year-old male who sustained an injury on 05/10/12. Podiatric re-evaluation report dated 12/23/13 indicated that he continued to have significant pain and symptoms to the right foot due to overuse and ambulatory status. It is noted that plantar fascia is neither better nor worse. He continued to demonstrate symptoms such as painful weight bearing. There was severe pain in the right foot and limitation of the right foot due to symptoms. There were clinical deficits noted on physical examination. There was exostosis and edema on the medial and dorsal aspects of the first metatarsophalangeal joint of the right foot, pain at the medial and central bands of the plantar fascia and antalgic gait. There was very early heel off on the right foot due to limitation of the first metatarsophalangeal joint which causes difficulty with range of motion. He had specific exostosis and painful functionality. On loading of the foot, he did have limitation of the first metatarsophalangeal joint. Debridement of the first metatarsophalangeal joint with exostectomy of the joint was recommended and from review it seemed to have been approved for the right foot on 01/30/14. Diagnoses included exostosis of the right first metatarsophalangeal joint, right foot plantar fasciitis, hallux limitus of the right foot, first metatarsophalangeal joint debridement of the left foot; date unknown. The request for TENS unit purchase, Knee walker rental for eight (8) weeks and Cold therapy unit rental for eight (8) weeks was denied on 2/19/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113.

Decision rationale: According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for knee osteoarthritis. Additionally, ODG criteria states that TENS can be used for chronic intractable pain if there is evidence of other pain modalities have been tried and failed, including medications. In this case, there is little to no documentation of any adjunct therapy. Furthermore, the request is for purchase. However, there is no documentation of one month success full trial. Therefore, based on the CA MTUS guidelines as well as the clinical documentation, the request for TENS, is considered not medically necessary.

Knee walker rental for eight (8) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG_TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle/foot

Decision rationale: Per guidelines, knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case, it is not documented that the IW is unable to ambulate standard ambulatory assist devices such as a cane. Thus, the request is not medically necessary per guidelines.

Cold therapy unit rental for eight (8) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG_TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle

Decision rationale: Per guidelines, Cryotherapy is not recommended in non-surgical setting. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain. Furthermore, cryotherapy is only an option for post-surgery period (the first 1-2 weeks). Furthermore, ice and compression is noted to be as effective. Therefore, the request is not medically necessary; non-certified.