

Case Number:	CM14-0035181		
Date Assigned:	07/23/2014	Date of Injury:	03/14/2012
Decision Date:	10/27/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 Medicine 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 57 year old female who was injured on March 14, 2012 to the lumbar spine, bilateral knees, and right ankle. The mechanism of injury is replacing shoes on a shelf and hit her right ankle on the metal guard of a shelf. The diagnoses listed as contusion of ankle (924.21). The most recent progress note dated 2/13/14, reveals complaints of low back pain with medication pain is rated a 9 out of 10 visual analog scales (VAS); pain has flared up; bilateral knee pain cannot do stairs pain rated a 5 to 6 out of 10 on and right ankle pain. Physical examination reveals increased pain and increased spasms in the lumbar spine, weakness at the extensor hallucis longus and foot ankle extensors on the right foot compared to the left. This is graded a 3 out of 5, it almost has the appearance of someone who has a mild foot drop, right straight leg raise is positive, exam of the knees reveals patellofemoral crepitation with normal range of motion and medial joint pain bilaterally, bilateral positive myalgia as well, positive Tinel peroneal nerve at lateral fibula, exam of ankles and feet normal range of motion, but has tenderness across the anterolateral aspect, developing a bunion in both feet, foot drop on right foot. Prior treatment includes oral medications, Lidoderm patches, physical therapy, acupuncture, Electrodiagnostic studies include MRI of the right knee dated 12/30/13 revealed ganglion synovial cyst, marrow reconversion in the distal femur and proximal tibia, small knee joint effusion with fluid extending into the suprapatellar bursa. MRI of the lumbar spine with Flex ext dated 12/30/13 revealed straightening of lumbar lordotic curvature, disc desiccation is noted throughout spine, schmorls node is noted at L1 to L2, L2 to L3, L3 to L4 levels, L3 to L4 disc protrusion diffusion effacing the thecal sac, narrowing of bilateral neural foramen that encroaches the left and effaces the right L3 exiting nerve roots, Disc measurements neutral 2.2 millimeters, flexion 1.9 millimeters, extension 2.7 millimeters, L4 to L5 diffuse disc protrusion effacing the thecal sac, narrowing of bilateral neural foramen that encroaches the left and right

L4 exiting nerve roots, disc measurements neutral 2.2 millimeters, flexion 1.9 millimeters, extension 2.7 millimeters. MRI of the right ankle dated 1/1/14 reveals small effusion at the tibiotalar and subtalar joints, otherwise unremarkable MRI of the ankle joint. MRI of the left knee dated 1/1/14 revealed ganglion/ synovial cyst 14.8 millimeters is seen in the popliteal fossa, marrow reconversion in distal femur and proximal tibia, small knee joint effusion with fluid extending into suprapatellar bursa, subchondral cyst in medial facet of patella, degenerative arthritis in the form of reduced tibiofemoral joint space, irregularity of articular cartilage and chondromalacia. Current medications include Nitrostat. A prior utilization review determination dated 3/4/14, resulted in denial of transcutaneous electrical nerve stimulation (TENS) unit and injections to the right ankle, laterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit: 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 Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The injured worker is noted to have sustained an injury to the lumbar spine, bilateral knees and right ankle on 03/14/12. She has been treated conservatively with medications including Lyrica, Celebrex and Cymbalta; physical therapy/home exercise program; and acupuncture. Per the records the injured worker does not have examination consistent with CRPS. Examination of the lumbar spine on 1/02/14 revealed mild positive straight leg raise on the right; weakness at the EHL and foot and ankle extensors on the right compared to the left. There was normal range of motion of the ankles and feet, with tenderness across the anterolateral aspect; she is developing a bunion in both feet; foot drop on right. The request does not specify if the TENS unit is for the lumbar spine or for the right ankle/foot. There is no indication that the injured worker has had a one-month trial of TENS as an adjunct to a program of functional restoration, with objective evidence of significant functional improvement in response to use of TENS such as decreased pain, increased activity, and reduced need for pain medications. Based on the clinical information provided, the request for Transcutaneous electrical nerve stimulation (TENS) unit does not meet evidence-based criteria and is not recommended as medically necessary.

injections to the right ankle, laterally: 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), Ankle and Foot Chapter, Injections (corticosteroid)

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

Decision rationale: Per ODG, injections are not recommended for tendonitis or Morton's neuroma, and not recommended intra-articular corticosteroids; under study for heel pain. MRI of the right ankle dated 12/30/13 revealed small effusion at the tibiotalar and subtalar joints; otherwise unremarkable MRI. On examination there was tenderness to palpation but no evidence of significant joint pathology or ligamentous injury. Based on the clinical information provided, the request for injections to the right ankle, laterally is not recommended as medically necessary.