

Case Number:	CM14-0047231		
Date Assigned:	07/02/2014	Date of Injury:	12/27/2008
Decision Date:	12/31/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 the diagnoses of right plantar fasciitis, right ankle sprain and strain, right hip sprain and strain, lumbar sprain and strain. Date of injury 12-27-08. Primary treating physician's report by the D.C. doctor of chiropractic dated February 11, 2014 documented subjective complaints of frequent severe low back deep sharp pain with aches, pulling and tightness. Frequent severe right hip deep sharp pain, referred pain, occasionally numbing. Frequent severe right ankle and foot sharp pain, stabbing, tight, tingling and referring up to the lower leg and ankle. Patient states he is experiencing anxiety and tension. Patient is experiencing compensatory pain over the right hip and lumbar spine, this is secondary to his foot and ankle injury on the right. Objective findings were documented. Right ankle and foot was documented. Flexion was 50 degrees. Extension was 20 degrees. Inversion was 30 degrees. Eversion was 20 degrees. Pain was in all planes. Tenderness to palpation was noted over the tibial/talus joint line, plantar aspect of the foot. There was tingling over the peroneal muscle upon palpation. Right hip range of motion was noted. Flexion was 80 degrees. Extension was 0 degrees. Abduction was 15 degrees Adduction was 10 degrees. Internal rotation was 10 degrees. External rotation 10 degrees. Pain was in all planes. Tenderness to palpation over the TFL tensor fasciae latae and right lower quadrant. Positive hip compression test on the right was noted. Lumbosacral spine range of motion was noted. Flexion was 50 degrees Extension was 20 degrees. Lateral flexion was 20 degrees. Rotation was 20 degrees. Pain was in all planes. Positive Kemps, Elys, iliac compression bilaterally was noted. Straight leg raise test was 70 degrees on the right and 70 degrees on the left. Lower motor strength testing +5/+5 on the right. Diagnoses included right plantar fasciitis, right ankle sprain and strain, right hip sprain and strain, lumbar sprain and strain. Shock wave therapy and chiropractic physiotherapy were

requested. Treatment plan included requests that the patient continue with pain management and orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock Wave Therapy 3 sessions over the Right 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-Ankle & Foot (Acute & Chronic) Chapter Extracorporeal shock wave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Ankle & foot (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Aug 19. <http://www.guideline.gov/content.aspx?id=47571>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address extracorporeal shock wave therapy (ESWT). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (Page 371) states that physical modalities have no scientifically proven efficacy in treating acute ankle or foot symptoms. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis. There is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Work Loss Data Institute guidelines for the ankle & foot (acute & chronic) state that extracorporeal shock wave therapy (ESWT) are not recommended. The primary treating physician's report dated February 11, 2014 documented the diagnosis of right ankle sprain and strain. The report indicated that the patient had a previous series of shock wave therapy, but did not document functional improvement with the first series of shock wave therapy. A second series of shock wave therapy over the right ankle was requested. MTUS and ACOEM guidelines do not support extracorporeal shock wave therapy (ESWT) for ankle conditions. Work Loss Data Institute guidelines for the ankle & foot (acute & chronic) state that extracorporeal shock wave therapy (ESWT) are not recommended. The request for shock wave therapy over the right ankle is not supported. Therefore, the request for Shock Wave Therapy 3 sessions over the right ankle is not medically necessary.

Chiropractic/Physiotherapy 1 x 4 for the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 298, 299, 308, 371, 376, Chronic Pain Treatment Guidelines Chiropractic Treatment, Manual Therapy & Manipulation Page(s): 30, 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. Per MTUS guidelines, chiropractic treatment is not recommended for ankle and foot conditions (Page 58). ACOEM Chapter 14 Ankle and Foot Complaints (Page 371) states that physical modalities have no scientifically proven efficacy in treating acute ankle or foot symptoms. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Passive physical therapy modalities are not recommended. ACOEM Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. A prolonged course of manipulation (longer than 4 weeks) is not recommended. Primary treating physician's report by the D.C. doctor of chiropractic dated February 11, 2014 documented diagnoses of right plantar fasciitis, right ankle sprain and strain, right hip sprain and strain, lumbar sprain and strain. Progress reports dated 7/3/13, 9/4/13, 10/2/13, 10/30/13, and 11/27/13 documented chiropractic care. A request for additional 4 treatments of chiropractic physiotherapy was documented on the 2/11/14 progress report. Per MTUS, treatment beyond 6 visits should document objective functional improvement. Medical records indicate prolonged chiropractic care. Primary treating physician's report dated February 11, 2014 did not document objective functional improvement with past chiropractic care. The request for additional chiropractic physiotherapy treatments are not supported by MTUS and ACOEM guidelines. Per MTUS Chronic Pain Medical Treatment Guidelines, chiropractic treatment is not recommended for ankle and foot conditions (Page 58). Therefore, the request for Chiropractic/Physiotherapy 1 x 4 for the Right Ankle is not medically necessary.

Continue Pain Management and Continued care with Orthopedic surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may

refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Primary treating physician's report by the D.C. doctor of chiropractic dated February 11, 2014 documented the diagnoses of right plantar fasciitis, right ankle sprain and strain, right hip sprain and strain, lumbar sprain and strain. Continued care with pain management M.D. physician for medication was requested. Continue care with orthopedic surgeon M.D. physician was requested. The patient's primary treating provider is a chiropractor. Consultations with pain management M.D. physician and orthopedic surgeon M.D. physician are supported by MTUS and ACOEM guidelines. Therefore, the request for Continue Pain Management and Continued care with Orthopedic surgeon is medically necessary.