

Case Number:	CM14-0052738		
Date Assigned:	07/07/2014	Date of Injury:	07/28/2008
Decision Date:	08/28/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 07/28/2008. She is a retired prison guard who sustained injury to both of her feet. She complained of pain in the bilateral MTP joints, right greater than left. The injured worker's treatment history included x-rays, medications, custom orthotics, and MRI. The injured worker was evaluated on 03/20/2014 and was documented that the injured worker complained of ongoing foot pain. She had right heel numbness; left lateral ankle pain intermittently. Paroxysmal and intermittent toe spasms on the right foot. She had difficulty walking because of the foot pain. The provider noted x-rays were taken that confirmed advanced degenerative joint disease changes 1st metatarsophalangeal joint with flattening, abduction of cartilage joint space, fracture, loose bodies, and dorsal exostosis. All other foot and ankle range of motion was full and pain free. Left lateral ankle was without pain or swelling. Peroneal tendons were functional and intact. Diagnosis included degenerative joint 1st metatarsophalangeal joint bilateral right greater than left. Request for authorization dated 03/25/2014 was for 6 treatments each of electric stimulation ultrasound and compound topical analgesia; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical analgesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113 Page(s): 111-113.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted failed to indicate outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical cream is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for compound topical analgesia is non-certified.

Six treatments each of electric stimulation and ultrasound: 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) 2014, Ankle and Foot.

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 (Acute & Chronic) Laser Therapy (LLLT).

Decision rationale: : The requested is non-certified. According to the Official Disability Guidelines (ODG) does not recommend Low-intensity laser therapy appears to be wholly ineffective in the treatment of plantar fasciitis. There is little information available from trials to support the use of topical laser therapy in the treatment of acute or chronic Achilles tendinitis. Low Level Laser Therapy (LLLT) was introduced as an alternative non-invasive treatment for Osteoarthritis (OA) about 20 years ago, but its effectiveness is still controversial. LLLT is a light source that generates extremely pure light, of a single wavelength. The effect is not thermal, but rather related to photochemical reactions in the cells. For OA, the results are conflicting in different studies and may depend on the method of application and other features of the LLLT application. Despite some positive findings, data is lacking on how LLLT effectiveness is affected by four important factors: wavelength, treatment duration of LLLT, dosage and site of application over nerves instead of joints. There is clearly a need to investigate the effects of these factors on LLLT effectiveness for OA in randomized controlled clinical trials. Ultrasound, laser, short-wave therapy and electrotherapy have no added value in lateral ankle injuries and are not recommended. The documents submitted failed to indicate injured worker conservative outcome measurements. In addition, the request submitted failed to indicate location where treatment is required. Given the above, the request for 6 treatments each of electric stimulation and ultrasound is non-certified.