

Case Number:	CM14-0078079		
Date Assigned:	07/18/2014	Date of Injury:	02/15/2012
Decision Date:	09/12/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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 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:

Medical Records reflect the claimant is a 62 year old female who sustained a work related injury on 2-16-12. The claimant has neck, low back and foot complaints. The claimant has been treated with chiropractic therapy and noted that she has had symptomatic relief. Most recent office visit dated 4-24-14 notes the claimant has tenderness to cervical paracervical and lumbar paralumbar musculature. DTR are 2+ in upper and lower extremities. Range of motion of the cervical and lumbar spine was restricted with pain on extension and lateral bends. Left foot exam showed hammer toe deformity at PIP at second toe, positive tenderness over the metatarsal bone. The claimant also had tenderness over the quadriceps tendon left knee. The claimant was provided with a diagnosis of cervical strain, low back pain, left foot hammer toe deformity second toe, left foot metatarsalgia and left knee quadriceps train. The treating doctor recommended the claimant continue with chiropractic therapy with massage 3 x 6 weeks, custom orthotics, podiatry consultation, a one home based TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3 X 6 to left foot/low back/neck: 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 Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine, cervical spine and foot/ankle chapters- Manipulation.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflects that elective/maintenance care is not medically necessary. Medical Records reflect the claimant has been provided with chiropractic therapy and notes that she has improved. However, quantification of improvement of functional improvement measures is not provided. Additionally, there is an absence in documentation noting that quantity of chiropractic therapy provided. Furthermore, for ankle and foot injuries, chiropractic therapy is not recommended. Therefore, the medical necessity of chiropractic therapy for the left foot, low back and neck is not reasonable or medically necessary.

Custom orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Footwear, knee arthritis.

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

Decision rationale: ODG treatment guidelines reflect that orthotics is recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The use of custom orthotics is not recommended for a hammer toe deformity. Therefore, Custom orthotics is not medically necessary.

TENS Unit for low back/neck: 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): 113-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - TENS unit.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for spasticity, multiple sclerosis, neuropathic pain and CRPS II. There is an absence in documentation noting that this claimant has any of the recommended conditions that supports the use of a TENS unit or that this form of treatment is indicated as an isolated modality. Therefore, TENS Unit for low back/neck is not medically necessary.