

Case Number:	CM14-0087672		
Date Assigned:	07/23/2014	Date of Injury:	11/26/2013
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 26 year-old male with a date of injury of 11/26/2013. The patient's industrially related diagnoses include right ankle pain, right foot and great toe pain. The disputed issues are one month home based neurostimulator TENS-EMS trial with supplies, 23 sessions of physical therapy, one aqua relief system and unknown sessions of shockwave therapy. A utilization review determination on 5/6/14 and a second one on 5/27/14 had non certified these requests. The stated rationale for the denial of the TENS-EMS trial was that guidelines do not support neuromuscular electrical stimulation for chronic pain conditions as per the patient's complaints. Additionally, there was no evidence that the patient demonstrated symptoms that meet the guideline criteria for use of TENS. The request for 23 sessions was non-certified because guidelines state that for myalgia/myositis and neuritis up to 10 visits is recommended. ACOEM guidelines do not recommend its use in the management of ankle and foot complaints, except as initial aid prior to home exercises. The stated rationale for the denial of the aqua relief system was that the patient was not expected to benefit from an automatic hot water therapy system as compared to standard heat therapy or cold packs. The shock wave therapy was non-certified due to extracorporeal shockwave therapy not being supported by guidelines for the patient's pain condition. The cited evidence based guidelines indicated limited evidence supports this treatment in plantar fasciitis, and it is not supported for other foot or ankle conditions and this patient was not noted to suffer from plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based neuro stimulator TENS-EMS trial with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: ACEOM Guidelines, Chapter 14, page 371 state that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms, although some are used commonly in conjunction with an active therapy program, such as therapeutic exercise. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Therefore given the affected body region, this request is not medically necessary. Therefore given the affected body region, this request is not medically necessary.

23 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

Decision rationale: Chapter 14 page 369 of ACOEM Guidelines specifies the following with regard to physical medicine for the treatment of ankle and foot complaints, Instruction in home exercise may be considered. Except for cases of fractures, acute dislocations, or infection, patients may be advised to do early passive range-of-motion exercises at home. Instruction in proper exercise technique is important, and instruction by a physical therapist can educate the patient about an effective exercise program. The injured worker was certified for one PT visit for instruction in proper exercise technique. Based on all the cited guidelines, the request for 23 sessions of PT is not medically necessary.

one Aqua Relief system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369,376. Decision based on Non-MTUS Citation ODG-Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370.

Decision rationale: In ACOEM Guidelines, Chapter 14, Table 14-3 Methods of Symptom Control for Ankle and Foot Complaints recommends At-home applications of cold during first few days of acute complaint; thereafter, applications of heat or cold as patient prefers, unless

swelling persists--then use cold Under physical methods it states Patients may use applications of heat or cold at home before or after exercises; these are as effective as those performed by a therapist. Applying cold regularly for 36 to 48 hours following acute injury and swelling is beneficial. The patient is not expected to benefit from the Aqua-Relief System as compared to the recommended standard heat therapy and cold packs at home. Therefore this request is not medically necessary.

unknown session of Shockwave Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG- Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The ACOEM states the following regarding shock wave therapy: Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Although there is limited evidence to support its use for the diagnosis of plantar fasciitis, it does not support other ankle or foot conditions. The injured worker was not given the diagnosis of plantar fasciitis. Therefore the request for shockwave therapy is not medically necessary.