

<b>Case Number:</b>	CM14-0105319		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 35-year-old female with a date of injury of 07/27/2012. The listed diagnoses per [REDACTED] are: 1. Nervousness. 2. Anxiety. 3. Insomnia. 4. Depression. 5. Low back pain. 6. Left knee pain. 7. Left ankle pain. Medical records indicate the patient is status post left ankle surgery on 07/28/2012. According to progress report 06/06/2014, the patient presents with continued low back, left knee, and left ankle pain. Examination of the lower spine revealed positive tenderness with spasm over the paraspinal muscle bilaterally. Range of motion of the lumbar spine is painful and restricted on all planes. Examination of the left knee revealed positive tenderness over the medial joint line. Range of motion of the left knee is painful at extreme ranges of motion. Examination of the left ankle/foot revealed positive tenderness over the lateral malleolus. Range of motion of the left ankle/foot is painful and restricted. The patient's treatment history includes surgery, x-ray, medication, crutches, physical therapy, acupuncture, ankle boot, and TENS unit. Treater states the patient is not permanent and stationary and "requires ongoing care for purposes of curing or relieving sequelae from her work-related problems." He is requesting hot/cold compression unit, lumbar sacral orthosis back support, knee brace, interferential stimulator and supplies, "radiological studies," orthopedist consultation, neurologist consultation, pain management consultation, orthopedic surgeon consultation, podiatrist consultation, a functional capacity evaluation, physical therapy 2 x 8 and additional acupuncture treatment. Utilization review denied the request on 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold compression unit, pad/wrap; purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PMID: 18214217 [PubMed-indexed for MEDLINE]

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Shoulder Chapter, Continuous-flow Cryotherapy

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting a hot/cold compression unit and pad/wrap for purchase. Certificate of medical necessity requested unit stating "justification for medical necessity is minimized swelling, controlled chronic pain, increased ROM, increased circulation, and reduced pain." The MTUS and ACOEM Guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines have the following regarding continuous-flow cryotherapy, "recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." ODG guidelines do not support non-post-op use of these units and this patient's surgery is from 2012. For post-op use, only 7 days of use is recommended. Recommendation is for denial.

**Lumbar-Sacral Orthosis (LSO) back support; purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308 Tabel 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports

**Decision rationale:** This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting a lumbar-sacral orthosis (LSO) back support for purchase. The treater states justification for medical necessity for the back support is to minimize swelling, control pain, increase ROM, increase circulation and to reduce pain. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar support states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. Recommendation is for denial.

**Knee brace; purchase:** 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) Knee Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee Bracing

**Decision rationale:** This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting a purchase of knee brace. ODG Guidelines do recommend knee brace for following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA or tibial plateau fracture." In this case, the patient has some tenderness over the medial joint line and painful range of motion with extreme ROM. There is no documentation of instability, painful failed surgery, OA etc. Recommendation is for denial.

**Interferential Stimulator, electrodes, batteries, set-up and delivery; purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; The Chronic Pain Disorder Medical Treatment Guidelines adopted by the state of Colorado

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting an interferential stimulator and supplies with setup and delivery for purchase. Treater states he is requesting a purchase as the patient has completed a 1-month home trial and reports "helps to moderate her pain level on the treatments". The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." In this case, the treater states the patient has completed a 1-month trial and "he reports helps to moderate her pain level on the treatments". The MTUS Guidelines state there should be "evidence of increased functional improvement, less reported pain, and evidence of medication reduction." Such documentation is not provided. The treater only states the IF unit helped with pain level. Recommendation is for denial.

**Radiological studies (no body parts specified): 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 Page(s): 8.

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. In this case, the treater is requesting "radiological studies." Review of the medical file does not indicate which body parts the treater is requesting further studies on. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. In this case, recommendation cannot be made on radiological studies as the treater does not specify the body parts that are in question. Recommendation is for denial.

**Orthopedist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127; Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7, page 127

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting an orthopedic consultation. " ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist 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." In this case, the treater is concerned of patient's continued complaints of pain. A referral for an orthopedic consultation for further evaluation may be indicated. Recommendation is for approval.

**Neurologist consultation (EMG/NCV): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7, page 127

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting neurologist consultation. ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist 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." In this case, there is no rationale for a neurologist consultation. The treater does not express concerns that would warrant a neurologist consultation. Recommendation is for denial.

**Pain management consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127; Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7, page 127

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting a pain management consultation. ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist 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." ACOEM Guidelines further states referral to a specialist is recommended in complex issues. In this case, the treater is concerned of patient's continued low back pain. Given the patient's complaints of pain and medication regimen, a referral for pain management consultation is reasonable. Recommendation is for approval.

**Orthopedic surgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127; Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7, page 127

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting an "orthopedic surgeon consultation." However, there is also a request is for "orthopedic consultation." The request appears to be a duplicate. Since "orthopedic consultation"

has been authorized, there is no need for "orthopedic surgical consultation." Recommendation is for denial.

**Podiatrist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127; Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting a podiatrist consultation. ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist 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." ACOEM Guidelines further states referral to a specialist is recommended in complex issues. In this case, the patient is status post ankle surgery from 2012 and continues with pain. A referral to a podiatrist for consultation is reasonable. Recommendation is for approval.

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 137, 139

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting a functional capacity evaluation. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it, or if the information from FCE is crucial. Recommendation is for denial.

**Physical Therapy two (2) times eight (8) (lumbar, knee, ankle):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low back Chapter, Knee Chapter, Ankle and Foot Chapter; <http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. Review of the AME report from 09/24/2013 indicates the patient has had prior physical therapy treatment. The number of treatments and the dates they were received is not clear. For physical medicine, the MTUS pages 98 and 99 recommends for myalgia-, myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the patient has had prior physical therapy treatment with no documentation of functional improvement to warrant further sessions. Furthermore, the treater's request for additional 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.

**Acupuncture treatment (no duration, frequency, or body parts specified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Medical records indicate the patient is status post left ankle surgery on 07/28/2012. This patient presents with continued low back, left knee, and left ankle pain. The treater is requesting "additional acupuncture treatments." For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Progress reports, 01/13/2014, indicates the patient has "been receiving acupuncture 3 times per week and it was temporarily helpful; however, the pain levels have increased." In this case, the treater states patient has received acupuncture in the past which was temporarily helpful, but pain levels have increased. In this case, the treater does not provide a discussion of functional improvement with prior acupuncture treatment. MTUS allows for treatments to be extended only when functional improvement has been shown. Recommendation is for denial.