

Case Number:	CM14-0117286		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2012
Decision Date:	01/23/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 presents with a work related injury on 05/25/2011. According to the medical records the patient last worked on 10/25/2012 and is on temporary worker's compensation disability. The patient was diagnosed with left ankle contusion with sinus tarsi syndrome, chronic sprain/strain of thoracolumbosacral spine and associated musculoligamentous structures. On 02/27/2014, the patient had a sleep study that showed evidence of underlying obstructive sleep apnea syndrome. A physical exam was significant for well-healed surgical incision, mild diffuse tenderness, and limited range of motion secondary to discomfort. The patient was diagnosed with chronic sprain/strain of thoracolumbosacral spine and associated musculoligamentous structures, consider lumbar disc intraspinal injury, contusion of left foot and ankle with internal derangements of left ankle per MRI of 03/26/2013, Posttraumatic stress reaction, facet arthropathy, lumbar spine, 26 pound weight gain to date due to lack of activity secondary to industrial injury, sleep study diagnosis of obstructive sleep apnea and status post tendon repair, right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Foot and Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot Complaints, Diagnostic Imaging

Decision rationale: Per ODG Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) Additionally, "When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. Selecting specific imaging equipment and procedures will depend on the availability and experience of local referrals. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms." In review of the medical records the provider did not clearly state the indication for the MRI and how it guides the treatment plan; therefore, the requested service is not medically necessary.

Polysomnography for CPAP and equipment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine(AASM) Polysomnography, CPAP Kushida CA; Chediak A; Berry RB; Brown LK; Gozal D; Iber C; Parthasarathy S; Quan SF; Rowley JA; Positive Airway Pressure Titration Task Force of the American Academy of Sleep Medicine. Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in adults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Sleep Medicine: Polysomnography

Decision rationale: CA MTUS does not make a statement on this. The American Academy of Sleep Medicine (AASM), states that polysomnography is indicated in patients who have an established diagnosis of sleep apnea in whom treatment fails. The patient had a sleep study on 02/27/2014 that has already determined that the patient had obstructive sleep apnea and there was a follow-up discussion of applying CPAP machine. There is no documentation of treatment failure or an inadequate previous study; therefore the requested therapy is not medically necessary.

Combo-stim electrotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 119,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 121.

Decision rationale: The requested therapy is comparable to TENS and EMS unit or the NMES component. Per CA MTUS guidelines neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context. 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 studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues." As it relates to this case combo-stim was recommended as solo therapy. Per MTUS and the previously cited medical literature, the requested service is not medically necessary.

Motorized col therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

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

Decision rationale: The American College of Environmental Medicine states that applications of heat and cold are recommended as method of symptom control for ankle and foot complaints. Additionally, at home applications of cold during first few days of acute complaint are recommended; thereafter, application of heat or cold as patient prefers, unless swelling persists - then use cold. The ACOEM supports simple low-tech applications of heat and cold as opposed to the motorized cold therapy device being proposed. Finally, the claimant's condition is chronic. The ACOEM supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.