

Case Number:	CM14-0154447		
Date Assigned:	09/24/2014	Date of Injury:	01/21/2014
Decision Date:	01/08/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal 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 (IW) is a 30-year-old woman with a date of injury of January 21, 2014. The IW was going down the street to collect the mail while walking down an incline with a box in both arms/hands. She fell forward, rolling the left ankle and impacting both knees causing bruising secondary to the inability to stop or prevent fall. The IW is currently working modified duties. MRI of the left ankle dated April 9, 2014 reveals mild tenosynovitis involving the tibialis posterior tendon both proximal and distal to the medial malleolus. Thickening of the anterior talofibular ligament compatible with a chronic sprain. Pursuant to the most recent Primary Treating Physician's Progress Report (PR-2) dated April 16, 2014, the IW states that her ankle is unchanged. She continues to complain of pain in the anterolateral and posterolateral ankle. On physical examination, she has tenderness over the anterior talofibular ligament and posterolateral ankle. There is increased laxity on anterior drawer on the left compared to the right with mild crepitus. The IW was diagnosed with ankle and hind foot sprain. The plan is for aggressive ankle rehabilitation and BAPS board peroneal muscle rehabilitation 3 times a week for 3 weeks. The provider indicated that surgical intervention might be necessary if the IW does not improve with conservative treatment. The IW has been seen for a total of 8 physical therapy sessions and has 4 remaining sessions to complete. The following items were requested according to the Application for Independent Medical Review dated September 8, 2014: 1. Initial functional capacity evaluation. 2. Cardio-respiratory /autonomic function assessment. 3. EKG. 4. NCV, bilateral lower extremities. 5. EMG, bilateral lower extremities. 6. Medication consultation with a Pain Management specialist. 7. Unspecified x-rays of the bilateral knees. 8. Physical therapy 3 times a week, unspecified lower extremity. 9. Unspecified x-ray left ankle. 10. Unspecified diagnostic testing. 11. Spirometry. 12. Pulmonary function testing. 13. Pulmonary stress testing. 14. Overnight sleep disorder breathing respiratory study. 15. Pulse oximetry during overnight

study. 16. Nasal function slides during overnight study. The treating physician does not make mention of the aforementioned tests/diagnostics in his most recent clinical note dated April 16, 2014. The original authorization request was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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, Functional Capacity Evaluations

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, functional capacity evaluation is not medically necessary. The ACOEM states a functional capacity evaluation should be considered when necessary to translate medical impairment into functional limitations and determine work capability. The ODG states functional capacity evaluation is recommended prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. See guidelines for additional details. In this case, the injured worker was initially seen on January 21, 2014 for injury to the left ankle. An MRI was performed that showed chronic sprain. The only progress note in the medical record is dated April 16, 2014. It references and discusses the ankle. There is no discussion of a functional capacity evaluation. There is no rationale for a functional capacity evaluation. Consequently, functional capacity evaluation is not medically necessary.

Cardio/Respiratory/Autonomic Function Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Myo Clinic (http://www.mayoclinic.org/medicalprofs/automatic_testing-applications.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin (http://www.aetna.com/cpb/medical/data/400_499/0485.html)

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Autonomic Testing/Sudo-Motor Test, cardiorespiratory autonomic function assessment is not medically necessary. Aetna considers autonomic testing medically necessary for use as a diagnostic tool for any of the following conditions/disorder: amyloid neuropathy, diabetic autonomic neuropathy, etc. see attached link for details. In this case, the injured worker was initially seen on January 21, 2014 for injury to the left ankle and MRI was performed that showed chronic sprain of the ankle. The only progress note in the record is dated April 16, 2014. It references and discusses only the

ankle and there is no discussion for cardiorespiratory autonomic function assessment. Consequently, cardiorespiratory autonomic function assessment is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Bramwaki's Heart Disease- A Text Book of Cardiovascular Medicine, 9th Edition Chapter 13- Electrocardiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology and the American Heart Association (<http://www.aafp.org/afp/2000/0201/p884.html>)

Decision rationale: Pursuant to the American College of Cardiology and the American Heart Association guidelines for ambulatory EKGs, the electrocardiogram is not medically necessary. The eight-page executive summary of the guidelines provides the indications for electrocardiography. In this case, the injured worker was initially seen January 21, 2014 for injury to the left ankle. MRI was performed that show chronic sprain of the ankle. The only progress note is dated April 16, 2014. The references and discusses only the ankle. There is no discussion of any chest pain or shortness of breath or any related cardiac event. Consequently, electrocardiography is not medically necessary.

EMG (bilateral extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Back, Electrodiagnostic studies (EMG)

Decision rationale: Pursuant to the Official Disability Guidelines, EMG bilateral lower extremities is not medically necessary. The guidelines state electrodiagnostic testing (EMGs) is recommended depending upon the indications. For details see the Official Disability Guidelines - electrodiagnostic testing. In this case, the injured worker was initially seen January 21, 2014 for injuries and left ankle and MRI was performed that shows chronic left ankle sprain. The only progress note is dated April 16, 2014. A progress note references and discusses only the ankle. There is no evidence or discussion of radiculopathy, neuropathy or any other neurologic issue. Consequently, electromyography or any other electrodiagnostic procedure is not medically necessary.

Med Consult w/Pain Management: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, medicine consult with pain management is not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management visits to physicians play a crucial role in proper diagnosis and returned to function and should be encouraged. The need for an office visit is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker was being treated for a left ankle injury. Date of injury was January 21, 2014. An MRI was one that showed chronic ankle sprain. The only progress note in the medical record is dated April 16, 2014. It references and discusses only the ankle. There is no discussion of the medicine consult or pain management. Consequently, medicine consult with pain management is not medically necessary.

X-Rays (bilateral knees): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and lower leg section, X-rays

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, x-rays of the bilateral knees is not medically necessary. The guidelines indicate reliance on imaging studies alone to evaluate source of knee symptoms may carry significant risk of diagnostic confusion. The ODG provides detailed criteria for performing plain radiographs. In this case, the injured worker was being treated for a left ankle injury. Date of injury was January 21, 2014. An MRI was performed that show chronic sprain. The only progress note in the medical record is dated April 16, 2014. It references and discusses only the ankle. There is no discussion, complaint physical findings that were positive referencing the knee. Consequently x-rays of the bilateral needs are not medically necessary.

Physical Therapy (12-sessions, 3 times a week for 4 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Ankle Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy three times a week for four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative

direction (prior to continuing with physical therapy). In this case, there was no discussion of physical therapy medical record. The injured worker was being treated for a left ankle injury. The date of injury was January 21, 2014. An MRI of the left ankle was performed that show chronic sprain area the only progress note in the medical record was dated April 16, 2014. This progress note referenced and discussed only the ankle there was no discussion of physical therapy or any other treatment modality. Consequently, physical therapy three times a week for four weeks is not medically necessary.

X-Rays (left ankle): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Xrays

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of left ankle are not medically necessary. The reliance on imaging studies alone to evaluate source of ankle symptoms may carry a significant risk of diagnostic use. The ODG provides detailed criteria for performing plain radiographs. In this case, the injured worker was being treated for a left ankle injury. The date of injury was January 21, 2014. At the time of the request and MRI was already performed of the affected ankle. The only progress note in the medical record was dated April 16, 2014. This progress note referenced and discussed only the ankle. It is unclear whether an existing or pre-existing x-ray was performed of that left ankle. There is no discussion in the medical record about ordering a left ankle x-ray. Consequently, x-ray of left ankle is not medically necessary.

Spirometry: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pulmonary Section, Pulmonary Function Testing

Decision rationale: Pursuant to the Official Disability Guidelines, pulmonary function testing is not medically necessary. Pulmonary function testing is recommended in asthma. It has uses in other lung diseases in terms of determining both diagnosis and an estimate of prognosis. See the ODG for details. In this case, the injured worker was being treated for a left ankle injury. The date of injury was January 21, 2014. An MRI of the left ankle was performed and showed chronic sprain. The only progress in the medical record was dated April 16, 2014. This progress note reference and discussed only the ankle. There was no discussion in the medical record or clinical rationale in the medical record indicating pulmonary function tests were to be performed

or why the woman or a function tests were to be performed. Consequently, primary function testing is not medically necessary.

Overnight Sleep Disorder Breathing Respiratory Study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Sleep study

Decision rationale: Pursuant to the Official Disability Guidelines, overnight sleep disorder, breathing respiratory study is not medically necessary. The guidelines recommend a sleep study after at least six months of an insomnia complaint, unresponsive to behavior intervention and sedative/sleep promoting medications and after a psychiatric etiology has been excluded. In this case, the injured worker was being treated for a left ankle injury. The date of injury January 21, 2014. The only progress note in the medical record was dated April 16, 2014. There was no insomnia discussion or complaint in the medical record. There were no sleep promoting medications or sedatives indicated for insomnia. There was no rationale for clinical indication for sleep study. Consequently, overnight sleep disorder, breathing respiratory study is not medically necessary.

NCV (bilateral extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back section, NCV

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction velocity studies are not medically necessary. Nerve conduction velocity studies (lower back) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. See guidelines for additional details. In this case, the injured worker was being treated for a left ankle injury. The only progress note in the medical record was dated April 16, 2014. There was no discussion of radiculopathy, neuropathy or any other type of nerve disorder. There was no clinical discussion or rationale for nerve conduction studies. Consequently, nerve conduction velocity studies are not medically necessary.

Pulmonary Functioning Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pulmonary Section, Pulmonary Function Testing

Decision rationale: Pursuant to the Official Disability Guidelines, pulmonary function testing is not medically necessary. Pulmonary function testing is recommended in asthma. It has uses in other lung diseases in terms of determining both diagnosis and an estimate of prognosis. See the ODG for details. In this case, the injured worker was being treated for a left ankle injury. The date of injury was January 21, 2014. An MRI of the left ankle was performed and showed chronic sprain. The only progress in the medical record was dated April 16, 2014. This progress note referenced and discussed only the ankle. There was no discussion in the medical record or clinical rationale in the medical record indicating pulmonary function tests were to be performed or why the woman or a function tests were to be performed. Consequently, pulmonary function testing is not medically necessary.

Pulmonary Stress Test: Upheld

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

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: <http://www.dh.org/cardiopulmonary-stress-test>

Decision rationale: Pursuant to [REDACTED], cardiopulmonary stress test is not medically necessary. A cardiopulmonary stress test is an exercise test performed on a treadmill. See attached link for additional details. In this case, the injured worker was being treated for a left ankle injury. The only progress of the medical record was dated April 16, 2014. This progress note referenced and discussed only the ankle. There was no discussion in the medical record or clinical rationale in the medical record indicating cardiopulmonary stress test was in fact indicated. There was a respiratory complaints or heart related complaints. Consequently, cardiopulmonary stress testing is not medically necessary.

Pulse Oximetry (during overnight study): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape (<http://emedicine.medscape.com/article/2094221-overview>)

Decision rationale: Pursuant to Medscape, pulse oximetry during overnight hours is not medically necessary. Pulse oximeters are used to determine the oxygen level in the blood. In this case, the injured worker was being treated for a left ankle injury. The only progress note of the record was dated April 16, 2014. There was no discussion in the medical record as to low oxygen levels, hypoxemia, heart related or lung related issues. Consequently, there is no clinical rationale to support the performance of pulse oximetry during overnight hours and the test is not medically necessary.

Nasal Function Slides (during overnight study): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://journal.publications.chestnet.org/article.aspx?articleID=1095199>

Decision rationale: Pursuant to Chest Journal, nasal function slides during overnight study are not medically necessary. An article was retrieved from chest journal entitled "effect of nasal CPAP on endothelial function in obstructive sleep apnea syndrome". The clinical implications reflect obstructive sleep apnea patients have endothelial dysfunction. These abnormalities can be improved after nasal CPAP treatment. In this case, the injured worker is being treated for a left ankle injury. The sole progress note was dated April 16, 2014 and contained no documentation of obstructive sleep apnea, pulmonary problems, shortness of breath, chest pain. There is no clinical rationale or indication in the medical record for performance of nasal function slides during an overnight study. Consequently, the performance of nasal functions like during an overnight study is not medically necessary.