

<b>Case Number:</b>	CM14-0186551		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 has a work related injury with a diagnoses of chronic pain; right lower extremity neuropathy; mild posterior tibialis tenosynovitis of the right ankle per MRI dated 4/28/14; right ankle plantar calcaneal spurring per MRI dated 4/28/14; lumbar spine strain/sprain with radiculitis. Under consideration are requests for chiropractic treatment with chiropractic supervised physiotherapy and myofascial release 2x6 weeks to the right ankle/right lower extremity; acupuncture 2x4 to the right ankle/right lower extremity; range of motion and muscle testing. There is a 7/10/14 progress note that states that the patient complains of on-and-off sharp right ankle pain, which is rated as moderate to occasionally severe. She states that the pain radiates to her right heel which she rates as moderate to occasionally severe, and to her right leg up to her low back which she rates as moderate to occasionally severe. She reports numbness. She complains of worsening low back pain. She states that the pain is moderate to occasionally severe with radiation, numbness, and tingling going down to her right ankle. She states that her pain is worse with prolonged walking, sitting, and lifting. She states that she has less anxiety, depression, and insomnia. She denies any suicidal ideation. She states that the medications helped decrease her pain temporarily. She states that the therapy and acupuncture helped decrease her pain temporarily. She is able to do more activities of daily living. On physical exam she is in no distress. She is well-developed, well-nourished, alert and oriented, cooperative female with normal affect. She has an antalgic gait. She ambulates without any assistive devices. She has tenderness to palpation with spasms of the paraspinals and tenderness to palpation of the right gluteal muscle, and tenderness to palpation of the bilateral sacroiliacs. There is decreased lumbar range of motion. There is a positive sitting root and straight leg raise at 30 degrees on the left and 15 degrees on the right. She has hypoaesthesia of the right lateral thigh. Pinwheel sensory

dermatomes L1 through S1 are intact. Patellar L4 and Achilles S1 are equal and symmetrical. She has mild inflammation of the right lateral ankle. She has tenderness to palpation of the right lateral ankle. She has hypoesthesia of the right lateral thigh. Toe range of motion is decreased with pain. There is normal capillary refill. The treatment plan includes continue chiropractic treatment which includes supervised physiotherapy at 1 time a week for the next 6 weeks; continued acupuncture at 2 times a week for the next 4 weeks, as well as range of motion and muscle strength testing. There is a request for an orthopedic consultation for the right ankle and re-request the podiatry consultation for the right ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment with chiropractic supervised physiotherapy and myofascial release 2x6 weeks to the right ankle/right lower extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** Per the MTUS Chronic Pain medical treatment guidelines, manual medicine is recommended as an option for the low back with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The guidelines do not recommend manual medicine for the knee, ankle or foot. ODG states that there are no studies showing that manipulation is proven effective for patients with knee and leg complaints. The ODG states that if a decision is made to use this treatment despite the lack of convincing evidence, the treatment may be chiropractic physical therapy versus manipulation and the recommended number of treatments is 12 visits over 8 weeks. The documentation indicates that the patient has had 6 prior chiropractic visits. There are no chiropractic progress notes included for review in the documentation submitted. There is no evidence of significant functional improvement made from these prior 6 sessions. The request for additional chiropractic treatment is not medically necessary.

**Acupuncture 2x4 to the right ankle/right lower extremity: Upheld**

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

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

**Decision rationale:** Per the MTUS Acupuncture Medical Treatment Guidelines, the time to produce functional improvement: 3 to 6 treatments for acupuncture and that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The documentation indicates that the patient has had prior acupuncture. It is unclear exactly how many prior sessions she has had. The documentation does not have acupuncture

progress notes or documentation of functional improvement from prior acupuncture. The request for additional acupuncture is therefore not medically necessary.

**Range of motion and muscle testing:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 33, 170, 171, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck-Flexibility

**Decision rationale:** Range of motion and muscle testing are not medically necessary per the MTUS Guidelines and the ODG guidelines. The ODG states that flexibility is not recommended as primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. The MTUS ACOEM guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back and of the low back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. The MTUS ACOEM guidelines also state that examining the musculoskeletal system and elements of other organ systems, particularly those involving tenderness, pain, range of motion, or effort, are subjective to some extent because the patient's response or interpretation is required for findings on the examination. The documentation is not clear on how range of motion testing and muscle testing will change the treatment plan for this patient and why this testing cannot be performed as part of a routine history and physical exam. The request for ROM (range of motion) and muscle testing is not medically necessary.

**Podiatry consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Per the ACOEM MTUS Guidelines, referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The documentation indicates that a referral was requested for both podiatry and orthopedic surgery for the right ankle. The referral to orthopedic surgery has been authorized. At this point it is unclear why a separate consult to a podiatrist for the right ankle is necessary. Therefore, the request for a podiatry consultation is not medically necessary.