

Case Number:	CM14-0197505		
Date Assigned:	12/05/2014	Date of Injury:	04/03/2012
Decision Date:	01/30/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain reportedly associated with an industrial injury of April 3, 2012. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for hot and cold unit, an interferential unit, and a knee walker. The claims administrator invoked non-MTUS ODG Guidelines on the knee walker, ACOEM Guidelines and non-MTUS ODG Guidelines on the cold unit, and invoked the MTUS Chronic Pain Medical Treatment Guidelines to deny the interferential unit. The claims administrator referenced July 29, 2014 progress note and October 15, 2014 RFA form in its denial. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant reported ongoing complaints of foot pain. The applicant stated that ongoing usage of Percocet was providing 50% pain relief, and allowing her to function. The applicant stated that she was able to cook, walk, dress, shower, and drive herself. The applicant was able to walk for only 10 minutes maximum. The applicant stated that she was unable to walk downstairs, however. Somewhat incongruously, the attending provider then stated that she had a housekeeper to help perform household chores, as she was unable to do any of same. The applicant posited that she was unable push, pull, or lift whatsoever. The applicant was placed off of work and was receiving disability benefits in addition to workers' compensation indemnity benefits, it was acknowledged. The applicant was status post left foot surgery. The applicant was using Percocet, Relpax, Zomig, Lidoderm, Elavil, Amitiza, Prilosec, Ativan, and Wellbutrin, it was acknowledged. The applicant's gait was described as "normal" on the November 24, 2014 progress note. On November 19, 2014, it was again stated the applicant was having difficulty standing, walking, and weightbearing. In a psychiatry note dated November 5, 2014, the applicant was given prescriptions for Ativan, Wellbutrin, and Ambien. On November 6, 2014, the applicant's treating provider noted that the applicant had received extensive physical

therapy and acupuncture treatment after having undergone foot surgery. The applicant acknowledged that pain was limiting her limiting her ability to stand, walk, lift, carry, push, and pull. The applicant was pending further foot and ankle surgery, it was stated. In an October 21, 2014 RFA form, additional physical therapy and acupuncture were sought. In a progress note of October 30, 2014, the applicant was given a refill of Percocet. On October 16, 2014, the applicant was placed off of work, on total temporary disability. The applicant was reporting ancillary complaints including bruxism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit. Decision based on Non-MTUS Citation ODG-TWC- Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Cryotherapy section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-3 does support at-home local applications of heat and cold per applicant preference for individuals with foot or ankle complaints, as are/were present here. ACOEM, by implication does not support high-tech devices for the purpose of delivering cryotherapy, as is apparently being sought here. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a stronger position against high-tech devices for the purposes of delivering cryotherapy, stating that the usage of such devices is not recommended for treatment of any chronic pain condition. The attending provider did not furnish any compelling applicant-specific rationale, which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.

Knee walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC ; Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377, Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, maintenance of general activity levels to avoid debilitation is "recommended." Here, the applicant was described as exhibiting a normal gait on the November 24, 2014 progress note, referenced above. It is not clear why a walker is being sought, here. Similarly, page 99 of the MTUS Chronic Pain Medical Treatment Guidelines notes that power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through

usage of an cane and/or walker, the latter of which is seemingly being sought here. However, in this case, the applicant does not seemingly have a documented functional mobility deficit. The applicant was described as having a normal gait on a November 24, 2014 office visit, referenced above. Provision of a walker, thus, would seemingly run counter to both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines, as it would (a) minimize the applicant's overall level of activity and (b) the applicant does not seemingly have a functional mobility deficit which is amenable to a walker. Therefore, the request is not medically necessary.

IF unit: Upheld

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

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

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of interferential current stimulation in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, in this case, however, the attending provider explicitly stated on an office visit of November 24, 2014 that Percocet was providing "50% pain relief" and allowing the applicant to function. The applicant reportedly successful usage of Percocet, thus, would seemingly obviate the need for the purposed interferential unit. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that interferential units be employed on a one-month trial basis before a request to purchase the same is initiated. Here, however, the attending provider seemingly sought authorization to purchase the device at issue without evidence of a previously successful one-month trial of the same.