MAXIMUS Federal Services

Case Number:	CM14-0205520		
Date Assigned:	12/17/2014	Date of Injury:	03/15/2012
Decision Date:	02/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 is a 58-year-old gentleman with a date of injury of 03/15/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/12/2014 and 10/10/2014 indicated the worker was experiencing severe pain in both ankles and feet that went into the legs and feet weakness. Documented examinations consistently described tenderness in the tops of both feel and decreased motion in both great toe joints (the specific joint was not reported). The submitted and reviewed documentation concluded the worker was suffering from foot pain and plantar fasciitis. Treatment recommendations included continued medications, consultation with podiatry, additional physical therapy, acupuncture, and additional H-wave therapy. A urinary drug screen testing report dated 09/12/2014 showed results that were no consistent with the prescribed medications. A Utilization Review decision was rendered on 11/10/2014 recommending non-certification for DME for a 1-month H-wave therapy trial and an indefinite supply of Lidoderm (topical lidocaine) 5% patches and modified certification for six physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from foot pain and plantar fasciitis. The documentation indicated the worker had previously had twelve sessions of physical therapy but did not describe the resulting benefits. There was no discussion detailing the reason additional sessions would be expected to improve the worker's function and/or pain intensity more than what would be expected with a continued home exercise program. In the absence of such evidence, the current request for twelve physical therapy sessions is not medically necessary.

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and Topical Analgesics Page(s): 56-57 & 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Topical analgesics Page(s): 56-57; 112.

Decision rationale: The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation concluded the worker was suffering from foot pain and plantar fasciitis. There was no discussion suggesting improved pain intensity or function from this specific medication or indicating prior failed first line treatments. Further, the request for an indefinite supply does not take into account potential changes in the worker's needs or the potential development of new treatment options that might be more appropriate for the worker. For these reasons, the current request for an indefinite supply of Lidoderm (lidocaine) 5% patches is not medically necessary.

H-wave therapy trial, 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend use of H-wave stimulation as an isolated treatment. A one-month home-based trial can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and transcutaneous electrical nerve stimulation (TENS). Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The submitted and reviewed documentation indicated the worker was suffering from foot pain and plantar fasciitis. The documentation suggested the worker had previously had an H-wave therapy trial but did not describe the resulting objective benefits. There was no indication this therapy would be provided along with an evidence-based functional restoration program or that the worker had failed conservative management. In the absence of such evidence, the current request for DME for a 1-month H-wave therapy trial is not medically necessary.