MAXIMUS Federal Services

Case Number:	CM14-0207596		
Date Assigned:	01/30/2015	Date of Injury:	09/14/2013
Decision Date:	03/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Hawaii, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male who sustained a work related injury September 14, 2013. According to a primary treating physician's report dated September 30, 2014, the injured worker was climbing stairs when he twisted his right ankle on September 14, 2013. On June 16, 2014, as he was stepping down from a ladder carrying boxes with an approximate weight of 100-200 pounds and heard a pop in the right knee and felt instant pain. He sought treatment at his own clinic which consisted of x-rays and pain medication. According to the primary treating physician's progress report, dated October 28, 2014, the injured worker presented with complaints of sharp stabbing pain in the right knee. The pain is rated 8/10 and described as constant and moderate to severe. It is aggravated by squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing, and walking. There is pain in the right ankle described as dull achy and sharp and stabbing. Rated 5-6/10, the pain is frequent to constant and moderate to severe. On examination, there is 2+ tenderness to palpation over the medial and 1+ tenderness over the lateral joint line. There is also 1+ tenderness at the patellofemoral joint. Right knee range of motion; flexion 85 degrees and extension -15 degrees; right muscle strength 4/5 flexion and 4/5 extension. McMurray's and Lachman's tests right are positive. The right anterior/posterior drawer test negative, Varus Stress test negative at 0 degrees and 30 degrees and the Valgus Stress Test positive at 30 degrees. The right ankle foot examination reveals; plantar flexion 20 degrees, dorsiflexion 15 degrees, inversion 10 degrees, and eversion 05 degrees. Anterior/Posterior Drawer test and Inversion/Eversion Test are positive. Bilateral lower extremities; intact spin-prick and light touch at the L4, L5 and S1 dermatones,

bilaterally. L2, L3, L4, L5 and S1 myotomes are decreased in the right lower extremity secondary to pain. Diagnoses are documented as right knee and ankle sprain strain, rule out derangement. Treatment plan includes; medications, periodic UA toxicological evaluations, physical therapy and acupuncture treatments to the right knee and ankle 3 times a week for 6 weeks, shockwave therapy up to 3 treatments for the right knee and ankle and Terocine patches. Work status is documented as return to work with modifications. If the employer is unable to accommodate, the injured worker is to be temporarily totally disabled. According to utilization review performed November 17, 2014, the request for Extracorporeal Shockwave Therapy(ESWT) 1 x 12 weeks right ankle only is non-certified. The noted diagnoses failed to meet the recommendations as cited by MTUS ACOEM and Official Disability Guidelines (ODG) foot/ankle. TENS unit with supplies is non-certified. There is a lack of clear clinical efficacy via controlled clinical trials that would show improved clinical outcomes with this type of DME as recommended and cited by MTUS Chronic Pain Guidelines.Hot/Cold Unit is non-certified. MTUS and (ODG) Official Disability Guidelines recommends the unit as an option after surgery but not for non-surgical treatment. Citing Am J Sports Med. 1996 Mar-Apr; 24 (2): 193-5, there is little medical efficacy with regards to any advantages over simple ice packs or gels.Physical Therapy right ankle only 3 x 6 is partially certified for 4 visits 2 x 1 and then 1 x 2 for the right ankle. Citing MTUS PT and Physical Medicine allowing for fading of treatment frequency plus active self directed home physical medicine is recommended. ACOEM Guidelines cited general intervention for treating pain should be limited and goal oriented. Therefor, the request was modified. Acupuncture 3 x 6 right ankle is non-certified. Citing MTUS/Acupuncture Guidelines, the documentation failed to provide quality studies of the ankle to find this treatment appropriate and therefore was considered not medically necessary.FCE (Functional Capacity Evaluation) is non-certified. Citing MTUS Chronic Pain Guidelines, the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. The documentation provides no clear indication as the injured worker is currently undergoing active treatment. MRI right ankle is non-certified. Citing MTUS/ACOEM/Ankle there are no red flag indications for imaging. EMG/NCV right lower extremity only is non-certified. Citing ACOEM Guidelines, there is no specific clinical finding to suggest any neurocompressive lesion and therefore not medically necessary. Terocin patches are non-certified. Citing MTUS Chronic Pain Guidelines regarding topical compounded analgesics containing capsaicin. There must be documentation that the injured worker is unable to tolerate other first line oral medications for medical necessity to be established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy - right ankle, once weekly for 12 weeks: 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 Ankle, ESWT

Decision rationale: MTUS does not specifically refer to Electric Shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the Ankle. ODG states, not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia.ODG further details Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT):(1) Patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment.(2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone).(3) Contraindicated in: Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition.(4) Maximum of 3 therapy sessions over 3 weeks. Low energy ESWT without local anesthesia recommended. The treating physician does not fully document the criteria above recommended by ODG. Additionally, the request is for 12 weeks of therapy. the Maximum recommended by ODG is 3 weeks. As such, the request for extracorporeal shockwave therapy - right ankle, once weekly for 12 weeks is not necessary.

TENS unit with supplies: 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, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: MTUS states regarding TENs unit, Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limp pain and CRPSII, spasticity, and multiple sclerosis.ODG further outlines recommendations for specific body parts:Low back: Not recommended as as an isolated interventionKnee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise programNeck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findingsAnkle and foot: Not recommendedElbow: Not recommendedForearm, Wrist and Hand: Not recommendedShoulder: Recommended for post-stroke rehabilitationMedical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis.ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above):(1) Documentation of pain of at least three months duration(2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed(3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over

purchase during this trial(4) Other ongoing pain treatment should also be documented during the trial period including medication usage(5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryThe medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for TENS unit with supplies is not necessary.

hot/cold unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle, Continuous-flow cryotherapy

Decision rationale: MTUS is silent on the use of cold therapy units. ODG states, not recommended. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain. The medical documents do not indicate that this unit would be used in the post-operative setting. The scientific evidence in other settings is only marginal. As such, the request for hot/cold unit is not medically necessary.

Physical Therapy - right ankle, 3 times weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request is for 3 sessions a week times 6 weeks, which is 18 sessions. The initial recommended trial is for 6 session, after which point extension can be requested. The request for 18 sessions is excessive and the treating physician does not document extenuating circumstances to deviate from the guidelines. As such, the request for physical therapy - right ankle, 3 times weekly for 6 weeks is not medically necessary.

acupuncture - right ankle, 3 times weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Ankle and Pain chapters, Acupuncture

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical documents did not provide detail regarding patients increase or decrease in pain medication. ODG states No quality studies for the ankle. For other qualified body parts, ODG stats that the initial trial should 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) There are no quality studies for ankle acupuncture per ODG. The request number of sessions (18) is in excess of guidelines recommendations. As such, the request for right ankle, 3 times weekly for 6 weeks is not medically necessary.

FCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42,Chronic Pain Treatment Guidelines Work hardening program Page(s): 12. Decision based on Non-MTUS Citation Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional

limitations. ODG states regarding Functional Capacity Evaluations: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more general and not advised by guidelines. ODG further states, Consider an FCE if:1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a workers abilities.2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a workers effort or compliance.
The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician is not specific with regards to MMI. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.

MRI - right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Ankle & Foot, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM guidelines state routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. The foot pain does appear to have been present for greater than one month. ODG futher specifies indications for MRI of foot:-Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular-Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable-Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome-Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected-Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. The medical records do indicate some ligamentous tenderness to anke, but does not indicate the physical findings noted the criteria above, such as tarsal navicular pain, parasethesias along plantar surface, suspected morton's nuroma. As such, the request for MRI - right ankle is not medically necessary.

EMG/NCV - right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ACOEM recommends electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG further states that EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. While there is no clinically obvious radiculopathy to the right lower extremity, the medical notes do not indicate any subjective or objective complains that would warrant EMG/NCV testing. There is knee and ankle pain, but no other extremity complaints that would suggest need for this diagnostic test. As such, the request for EMG/NCV - right lower extremity is not medically necessary.

Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, topical lidocaine is not indicated. As such, the request for Terocin patches is not medically recommended.