

Case Number:	CM14-0208212		
Date Assigned:	12/19/2014	Date of Injury:	09/18/2008
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
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. 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 57-year-old woman with a date of injury of September 18, 2008. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic neck pain with a 3 mm disc protrusion at C4-C5 and a 3-4 mm disc protrusion at C6-C7; right shoulder pain secondary to the chronic neck pain; chronic low back pain with a 2-3 mm disc protrusion at L4-L5, rule out radiculopathy to the lower extremity; right foot plantar fasciitis; complaints of headache; and complaints of depression, anxiety, and difficulty sleeping. According to a December 20, 2012 progress note, the documentation indicates the IW received physical therapy (PT), (12 sessions) with relief. There was no documentation indicating objective functional improvement or PT progress notes. In a progress note dated August 27, 2013 the documentation states PT was helpful, acupuncture is helpful and chiropractic treatment is helpful. In a January 24, 2014 progress note, the documentation indicates the IW is receiving 10 sessions of aquatic therapy. The documentation from an October 9, 2014 progress note states authorization for PT was denied to the cervical spine and right and left shoulders and for new orthotics to the right and left feet. The IW has received an unknown number of PT sessions and there is no documentation indicating objective functional improvement. Pursuant to the orthopedic progress note dated October 9, 2014, the IW complains of right-sided neck pain and right arm radicular pain. The physical examination documentation reveals no significant change in findings since last office visit. There were no objective findings dictated in the medical record. According to the August 28, 2014 orthopedic progress note, the examination of the cervical spine reveals restricted range of motion with pain. There is diffuse tenderness in the back of the neck and in the bilateral parascapular muscles. Neurological examination of both upper limbs is grossly normal. An ultrasound of the right and left feet was performed October 15, 2013, which showed inflammation of the right plantar fascia consistent

with plantar fasciitis. There is no degenerative joint disease of the right and left first metatarsophalangeal joints. The treating physician is requesting PT to the cervical spine and right and left shoulders 3 times a week for 4 weeks (12 sessions), and new orthotics to her right and left feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine 3 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, physical medicine three times a week times 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. When treatments exceed duration and/or number of visits, exceptional factors should be noted. In this case, the injured worker's diagnoses are chronic neck pain with 3 mm disc for C4 - C5 and 3mm to 4 mm disc protrusion C6 - C7; right shoulder pain secondary to chronic neck pain; chronic low back pain with 2 to 3 mm disc protrusion L4 - L5; right foot plantar fasciitis; complaints of headache; and complaints of depression, anxiety and difficulty sleeping. In a December 20, 2012 progress note, the documentation indicates the injured worker received physical therapy (12 sessions) with relief. There was no documentation indicating objective functional improvement or physical therapy progress notes. In a progress note dated August 27, 2013 the documentation states "physical therapy was helpful, acupuncture is helpful and chiropractic treatment is helpful". In a January 24, 2014 progress note, the documentation indicates the injured worker is receiving 10 sessions of aquatic therapy. The documentation from an October 9, 2014 progress note states authorization for physical therapy was denied to the cervical spine and right and left shoulders and for new orthotics to the right and left feet. The documentation indicates a physical examination reveals no significant change in finding since the last office visit. There were no objective findings dictated/documentated in the medical record. The injured worker has received an unknown number of physical therapy sessions and there is no documentation indicating objective functional improvement. Consequently, absent clinical documentation to support ongoing physical therapy and documentation evidencing objective functional improvement, physical medicine three times a week for four weeks is not medically necessary.

New Orthopedic- Right and Left feet: 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): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, orthotic devices right and left feet not medically necessary. The ACOEM states "rigid orthotics may reduce pain experienced during walking for patients with plantar fasciitis and metatarsalgia". Orthotic devices are recommended for plantar fasciitis and foot pain in rheumatoid arthritis. See the Official Disability Guidelines for details. In this case, the injured worker's diagnoses are chronic neck pain with 3 mm disc for truth and C4 - C5 and 3 to 4 mm disc protrusion C6 - C7; right shoulder pain secondary to chronic neck pain; chronic low back pain with 2 to 3 mm disc protrusion L4 - L5; right foot plantar fasciitis; complaints of headache; and complaints of depression, anxiety and difficulty sleeping. A review of the medical record in the August 29, 2014 progress note as a medical record review. The review indicates the injured worker had an MRI of the cervical spine, electrodiagnostic studies of the upper extremities that were normal, ultrasound of the right left shoulders, ultrasound of the right and left feet with a diagnosis of inflammation right plantar fascia consistent with plantar fasciitis. The physical examination performed by the examining physician does not contain a foot examination. A diagnostic impression of right foot plantar fasciitis was entered in the diagnostic impression but there is no objective support for that diagnosis. Consequently, absent the clinical documentation to support the presence of plantar fasciitis (not the results of a prior Agreed upon Medical Examination), orthotic devices right and left feet is not medically necessary.