MAXIMUS Federal Services

| Case Number: | CM15-0104742 | | |
|---|---|---|---|
| Date Assigned: | 06/09/2015 | Date of Injury: | 04/02/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

## 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: Texas, New York, 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 applicant is a represented 31-year-old who has filed a claim for chronic foot, ankle, and hip pain reportedly associated with an industrial injury of April 2, 2014. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for extracorporeal shock wave therapy to the foot, 12 sessions of physical therapy to the hip and ankle, Tramadol, and a topical compounded agent. The claims administrator referenced a progress note and associated RFA form of April 9, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten order form dated May 12, 2015, applications of hot and cold packs, neuromuscular re-education, therapeutic exercise, electrical stimulation, and various other treatment modalities were endorsed, without much in the way of supporting commentary. In separate RFA forms of April 9, 2015, physical therapy, the topical compounded medication in question, extracorporeal shock wave therapy, and urine drug testing were sought. In an associated progress note dated April 9, 2015, the applicant reported multifocal complaints of thigh, foot and ankle pain, 3-4/10. Tenderness about the thigh, ankle, and foot were reported. The applicant had atrophy about the thigh and ankle, it was stated in the diagnoses section of the note. The applicant was described as status post ORIF of a calcaneal fracture with residual symptoms about the same. The applicant also had issues with plantar fasciitis, it was reported. The applicant had undergone foot surgery on April 14, 2014, it was further noted. Physical therapy, the topical compounded medication in question, extracorporeal shock wave therapy, Tramadol, and urine drug testing were endorsed while the applicant was kept off of work, on total temporary disability. The applicant had completed 18 sessions of physical therapy through

this point in time, the treating provider acknowledged. It was not clearly stated whether the applicant had or had not had ESWT prior to April 9, 2015.Multiple handwritten physical therapy notes were surveyed, undated. These notes suggested that the applicant had received various modalities over the course of the claim, including massage therapy, myofascial release therapy, infrared therapy, applications of heat and cold packs, and therapeutic exercise. A procedure note of April 29, 2015 suggested that the applicant had received extracorporeal shock wave therapy for plantar fasciitis on that date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ESWT (Extracorporeal Shockwave Therapy) for the right foot, 1 time weekly for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

**Decision rationale:** Yes, the request for four sessions of extracorporeal shock wave therapy (ESWT) for the foot was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, extracorporeal shock wave therapy is "optional" in the treatment of plantar fasciitis, i.e., one of the operating diagnoses here. The request was seemingly framed as a first-time request for the same. It did not appear that the applicant had had ESWT prior to the date of the request, April 9, 2015. Moving forward with a four-session trial of the same was, thus, indicated. Therefore, the request was not medically necessary.

**Physical therapy for the right hip and ankle 2 times weekly for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function, Page 114.

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

**Decision rationale:** The request for 12 sessions of physical therapy for the hip and ankle was likewise not medically necessary, medically appropriate, or indicated here. The 12 sessions of physical therapy at issue, in and of itself, represents treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is likewise qualified by commentary made on page 8 of the MTUS Chronic

Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the treating provider reported on April 9, 2015 that the applicant had already completed 18 sessions of physical therapy through that point in time. The 18 sessions of physical therapy had not, however, proven profitable. The applicant remained off of work, on total temporary disability, as of the date additional physical therapy was sought. The applicant remained dependent on other forms of medical treatment, including topical compounds and opioid agents such as Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

**Tramadol 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88, 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date Tramadol was renewed, on April 9, 2015. The attending provider failed to outline quantifiable decrements in pains or meaningful, material improvements in function (if any) as a result of ongoing Tramadol usage on that date. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Amitriptyline 10%/ Gabapentin 10%/ Bupivicaine 5% in cream base 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Finally, the request for an Amitriptyline-gabapentin-Bupivacaine topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.