

<b>Case Number:</b>	CM15-0104968		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/17/1995
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 an 83 year old female, who sustained an industrial injury on 11/17/95. The injured worker was diagnosed as having edema, traumatic arthritis, peroneal nerve palsy and sinus tarsi. Treatment to date has included oral medications including opioids, UNNA boot, H-wave neuromuscular stimulation, injection, Terocin patches, and physical therapy and activity restrictions. Currently, the injured worker complains of chronic burning and cramping of lateral ankle and foot with swelling and altered gait. Physical exam noted chronic pain of lateral ankle and foot, peroneal nerve palsy and decreased mobility of ankle and STJ. The treatment plan included wrapping foot in an ankle brace and dispensing of Terocin/lidocaine patches. A request for authorization was submitted for 20 office visits, 2 reports, an ankle brace and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for twenty (20) office visits between 3/5/2014 and 4/4/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic): office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-382.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. There is no documentation as to why such frequent visits for follow-up would be required. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Retrospective request for twenty (20) office visits between 3/5/2014 and 4/4/2014 are not medically necessary.

**Retrospective request for two (2) reports between 3/5/2014 and 4/4/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reporting Duties of the Primary Treating Physician California Labor Code Section, Title 8, Section 9785.

**Decision rationale:** According to California Labor Code Section, Title 8, Section 9785: Reporting Duties of the Primary Treating Physician, (8) When continuing medical treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred. If an examination has occurred, the report shall be signed and transmitted within 20 days of the examination. Except for a response to a request for information made pursuant to subdivision (f)(7), reports required under this subdivision shall be submitted on the "Primary Treating Physician's Progress Report" form (Form PR-2) contained in Section 9785.2, or in the form of a narrative report. If a narrative report is used, it must be entitled "Primary Treating Physician's Progress Report." In bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2. A response to a request for information made pursuant to subdivision (f)(7) may be made in letter format. A narrative report and a letter format response to a request for information must contain the same declaration under penalty of perjury that is set forth in the Form PR-2: "I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3." By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner and form. The contested issue is clearly an administrative dispute, and not a medical question; consequently, it is best decided by the claims adjuster and is not medically necessary. Retrospective request for two (2) reports between 3/5/2014 and 4/4/2014 are not medically necessary.

**Retrospective request for two (2) H-wave between 3/5/2014 and 4/4/2015:** Upheld

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

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

**Decision rationale:** The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Not recommended as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. Retrospective request for two (2) H-wave between 3/5/2014 and 4/4/2015 is not medically necessary.

**Retrospective request for one (1) una boot (DOS: 3/5/2014):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Association for the Advancement of Wound Care (AAWC) venous ulcer guideline, Malvern (PA); page 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, and Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and there is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and the documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. Retrospective request for one (1) una boot (DOS: 3/5/2014) is not medically necessary.

**Retrospective request for one (1) ace wrap (DOS: 3/5/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Elastic bandage (immobilization).

**Decision rationale:** The Official Disability Guidelines state that for ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape. According to this systematic review of treatment for ankle sprains, for mild-to-moderate ankle sprains, functional treatment options (which can consist of elastic bandaging, soft casting, taping or orthoses with associated coordination training) were found to be statistically better than immobilization for multiple outcome measures. Retrospective request for one (1) una boot (DOS: 3/5/2014) is not medically necessary.