

Case Number:	CM15-0144480		
Date Assigned:	08/05/2015	Date of Injury:	08/14/2014
Decision Date:	09/22/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/25/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 64 year old male who sustained an industrial injury on 08-14-2014. Mechanism of injury occurred when he jumped from a 3-foot wall to a concrete floor landing flatfooted. He injured the bottom of his feet and his left ankle. Diagnoses include rule out osteochondral injury of the left foot, rule out traumatic plantar fasciitis of the left foot, rule out left tarsal tunnel syndrome. Treatment to date has included diagnostic studies, medications, orthotics, physical therapy, and modified duty. A physician progress note dated 05-26-2015 documents the injured worker complains of pain in the left ankle, left plantar foot, right plantar foot and right dorsal foot. There is tenderness to the lateral aspect of the left ankle. There is talofibular ligament pain on inversion, active and passive. He has diminished sensation to the left lateral foot. There is tenderness to the plantar fascia. There is tenderness to the right plantar foot. His gait is slow and deliberate. The treatment plan includes a podiatry consultation. Treatment requested is for compound topical NSAID/antiepileptic drug 300 g, Qty 4, Extracorporeal Shock Wave Therapy, Left Foot, 5 sessions, Physical Therapy, Bilateral Feet, Qty 12 sessions, 3 times weekly for 4 weeks, and TENS (transcutaneous electrical nerve stimulation), 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy, Left Foot, 5 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ESWT For Plantar Fasciitis: What Do the Long-Term Results Reveal - Accessed at www.podiatrytoday.com 15Sep15, Long-Term Outcome of Low-Energy Extracorporeal Shock Wave Therapy for Plantar Fasciitis: Comparative Analysis According to Ultrasonographic Findings. Jan-Wan Park et al. Ann Rehabil Med 2014; 38(4): 534-540.

Decision rationale: The provider reports the transfer of the patient to his care after failed trials of PT and delayed treatment. Subjective complaints indicate 6/10 pain to the right plantar surface. The ACOEM is silent on the use of Extra-corporeal Shock Wave Therapy but current literature supports its use as a first line therapy for plantar fasciitis with long term outcomes equal to routine measures including fasciotomy but with a much quicker response with little post procedure disability. There appears to be sufficient information to indicate a prolonged sustained complaint with limited response to conservative measures. Therefore the UR Non-Cert is not supported. The request is medically necessary.

Physical Therapy, Bilateral Feet, Qty 12 sessions, 3 times wkly for 4 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional improvement measures Page(s): 98-99; 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 98-99.

Decision rationale: The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. However the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of pain a brief reintroduction to facilitate refreshing the individual's memory for technique and restarting home exercise routines can be supported. It is unclear that there has been an adequate initial trial to establish a response therefore a modification of the request to 6 visits should provide adequate response and to judge the appropriate duration of therapy. Therefore the UR modification is supported. The request is not medically necessary.

Compound topical NSAID/antiepileptic drug 300 g, Qty 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 111-113.

Decision rationale: The use of topical analgesics is considered largely experimental with few randomized controlled trials to determine efficacy or safety. Studies of the use of topical NSAID's such as Ketoprofen have generally be small and of short duration. For chronic back pain NSAID's can be used for short-term symptomatic relief. Per a Cochrane review they have not proven more effective than other approaches for pain and exhibit more adverse effects. They are not recognized as useful for neuropathic pain. Topical agents can have both local effects such as dermatitis and pruritis but more importantly have been shown to have systemic absorption and can have blood levels comparable to oral forms and therefore comparable systemic side effects such as the negative impact on renal function and increases in cardiovascular risks. This patient's pain has been of long duration focused on the neck and back for which this type of preparation has shown no long term efficacy. There is no evidence for use of muscle relaxants such as Baclofen as a topical product. Gabapentin is also not recommended as a topical agent and there is no peer-reviewed literature to support its use. There is little to no research to support the use of many such agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the UR Non-Cert for the NSAID-Anti-epileptic Compound is supported. The request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation), 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 114-115.

Decision rationale: 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. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Of the 38 studies used in the analysis, 35 favored ENS over placebo. While this is encouraging in this case there is no evidence that the TENS was to act as an adjunct to a program of evidence-based functional restoration. Therefore the UR Non-Cert is supported. The request is not medically necessary.