

Case Number:	CM15-0161012		
Date Assigned:	08/27/2015	Date of Injury:	02/14/2013
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 5 foot, 190 pound male, 33 year old male, who sustained an industrial injury, jumping from a 10 foot height and landing on his heels, February 14, 2013. He reported bilateral heel pain. Treatment to date has included left surgery, cortisone injections, night splint, medication, physical therapy, orthotics, x-rays and acupuncture. Authorized right foot surgery was declined by the patient following failure of the left foot procedure. Currently, the injured worker complains of bilateral heel pain (right greater than left) that is rated at 8 on 10. He reports low back pain into his left thigh. He reports decreased function due to the pain. The injured worker is currently diagnosed with ankle-foot joint pain. His work status is temporary total disability. A note dated May 12, 2015, states the injured worker experienced benefits from a TENS unit. A note dated June 11, 2015 states the injured worker experienced pain relief from surgical intervention; however, the pain is returning. The note also states the injured worker did not experience efficacy from acupuncture and physical therapy. The following; physical therapy (2 times a week for three weeks) for both feet, MSK ultrasound for both feet and a TENS unit are requested to decrease pain and restore function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Bilateral Feet, 2 times wkly for 3 wks, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medical Treatment Guidelines: Tables: 14-2, 14-5, 14-6 Physical Medicine Guidelines Page(s): 1-4, 8, 12, 44-45, 49, 84-5, 99, 114, 367-371, 374-375.

Decision rationale: The injured worker has not positively responded to previous physical therapy, his pain and disability continue, as subsequent to the industrial related injury. Previous treatment did not sustainably improve or prevent deterioration of the current condition. Explanation is required to explain the type of treatment, the reasons for the treatment, and the possible benefits of the treatment. The requested physical therapy is not medically necessary.

MSK Ultrasound, Bilateral Feet: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medical Treatment Guidelines: Tables: 14-2, 14-5, 14-6 Physical Medicine Guidelines Page(s): 1-4, 8, 12, 44-45, 49, 84-5, 99, 114, 367-371, 374-375. Decision based on Non-MTUS Citation Arthritis Care Res (Hoboken). 2014 Jan; 66 (1): 14-8.

Decision rationale: The guidelines supplied in the Chronic Pain Medical Treatment Guidelines; Clinical Topics Section, indicate that patients not responding to initial management or considered to be at risk for delayed recovery, should be identified as early as possible and be aggressively managed to avoid ineffective therapeutic efforts and needless disability. The injured worker is diagnosed with plantar fasciitis, bilateral foot. The record confirms that the applied treatment modalities have failed to produce a desired outcome. In consideration of the injured worker's injury onset scenario, pain and disability have persisted beyond the anticipated time of healing for fasciitis. The injured worker is affected by a rheumatic disorder in a chronic pain scenario. It is necessary to categorize the pain mechanism and assess to what extent function is obstructed by pain factors. No evidence of pain assessment is indicated by the record. MTUS guidelines do not directly identify MSK Ultrasonography in diagnostic assessment. Basic radiography is inadequate to evaluate soft tissue disorder. An enhanced diagnostic approach will produce insight into appropriate therapeutic strategies. MSK Sonography is an accepted modality in tissue study and has proved to be efficient and accurate in the evaluation of soft tissues involvement in rheumatic disorder. MSK Ultrasound is medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medical Treatment Guidelines: Tables: 14-2, 14-5, 14-6 Physical Medicine Guidelines Page(s): 1-4, 8, 12, 44-45, 49, 84-5, 99, 114, 367-371, 374-375.

Decision rationale: MTUS indicates TENS has indication in chronic pain management used as an adjunct to a program of evidence-based functional restoration. TENS is not indicated as a primary treatment. Following a home-based treatment trial of one month TENS may be appropriate for phantom limb pain, neuropathic pain, CRPS I and CRPS II. Pain and disability have persisted beyond the anticipated time of healing for plantar fasciitis. The injured worker has been subject to significant trauma and is affected by a chronic pain scenario. It is necessary to categorize the pain mechanism and assess to what extent function is obstructed by pain factors. Appropriate study is required to provide insight into appropriate therapeutic strategies. The requested TENS unit is not medically necessary.