

Case Number:	CM15-0161885		
Date Assigned:	08/27/2015	Date of Injury:	04/30/2015
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female who sustained an industrial injury on 04-30-2015 when she was struck by a luggage cart. The injured worker was diagnosed with thoracolumbar spine sprain and strain, bilateral elbow contusions and olecranon bursitis, right hip contusion and greater trochanteric bursitis, bilateral ankle sprain and strain, right foot metatarsalgia, rule out plantar fasciitis, vertigo and sleep disorder. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, and acupuncture therapy, boot cast to the ankle, crutches and medications. According to the primary treating physician's progress report on July 20, 2015, the injured worker reported overall improvement in the bilateral elbows, left ankle-foot and right shoulder after 6 acupuncture therapy treatments. Several documents within the submitted medical records are difficult to decipher. The injured worker continues to experience lower back and right ankle-foot pain. She continues to use crutches with little weight bearing on the right foot due to pain. Exam of the lumbar spine demonstrated tenderness to palpation of the paraspinal muscles with positive straight leg raise on the right with pain radiating to the right buttock. The right shoulder was tender anteriorly with positive impingement. Examination of the right ankle noted diffuse lateral swelling, negative laxity and Tinel's sign and increased pain of the toes and ankle with passive range of motion. Current medications were listed as Tramadol ER 150mg and Cyclobenzaprine. Treatment plan consists of continuing home exercise program and the current request for ultrasound of the right ankle-foot, 4 additional acupuncture therapy sessions for the lumbar spine, right shoulder and

right ankle-foot, 8 chiropractic therapy sessions for the lumbar spine, right shoulder and right ankle-foot and ankle brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the Right Ankle/Foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 06/22/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot chapter under Ultrasound.

Decision rationale: The 52 year old patient complains of pain in back, shoulders, elbows, left hip, bilateral knees, and bilateral ankles/feet, as per progress report dated 06/16/15. The request is for ULTRASOUND OF THE RIGHT ANKLE/FOOT. The RFA for this case is dated 07/20/15, and the patient's date of injury is 04/30/15. Diagnoses, as per progress report dated 06/16/15, included thoracolumbar musculoligamentous sprain/strain with lower extremity radiculitis, right sacroiliac joint pain, right shoulder periscapular strain and impingement syndrome, bilateral elbow contusion and olecranon bursitis, right hip contusion and greater trochanteric bursitis, right knee sprain/strain and patellofemoral arthralgia, bilateral ankle foot sprain, vertigo and sleep difficulty due to pain. Medications included Tramadol and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 07/20/15. ODG guidelines, Ankle & Foot chapter under Ultrasound, diagnostic states: Recommended as indicated in the criteria below. With proper expertise ultrasound may replace MRI. Indications for imaging Ultrasound: Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome- Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. In this case, the most recent report, dated 07/20/15, is handwritten and parts of it are difficult to decipher. A request for Ultrasound of right ankle and foot is noted in the same progress report. The treater states that study will help r/o ligament tendon pathology/ assess plantar fascia. Physical examination of the right ankle, as per progress report dated 06/16/15, revealed tenderness to palpation and reduced range of motion. As per progress report dated 05/05/15, the ankle pain is rated at 10/10 and the patient is unable bear weight on the right ankle. Given the chronic pain and suspicion of plantar fasciitis, the request appears and IS medically necessary.

4 Additional Acupuncture Visits for the Lumbar Spine, Right Shoulder and Right Ankle/Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The 52 year old patient complains of pain in back, shoulders, elbows, left hip, bilateral knees, and bilateral ankles/feet, as per progress report dated 06/16/15. The request is for 4 ADDITIONAL ACUPUNCTURE VISITS FOR THE LUMBAR SPINE, RIGHT SHOULDER AND RIGHT ANKLE/FOOT. The RFA for this case is dated 07/20/15, and the patient's date of injury is 04/30/15. Diagnoses, as per progress report dated 06/16/15, included thoracolumbar musculoligamentous sprain/strain with lower extremity radiculitis, right sacroiliac joint pain, right shoulder periscapular strain and impingement syndrome, bilateral elbow contusion and olecranon bursitis, right hip contusion and greater trochanteric bursitis, right knee sprain/strain and patellofemoral arthralgia, bilateral ankle foot sprain, vertigo and sleep difficulty due to pain. Medications included Tramadol and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 07/20/15. For acupuncture, the MTUS Acupuncture Treatment Guidelines 2007 page 8 Acupuncture section recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the most recent report, dated 07/20/15, is handwritten and parts of it are difficult to decipher. The patient has undergone 6 sessions of acupuncture which led to overall improvement, as per progress report dated 07/20/15. The treater is requesting for 4 additional sessions. The treater, however, does not document objective functional improvement from prior therapy, as required by MTUS for additional sessions. Given the lack of relevant documentation, the request IS NOT medically necessary.

**8 Chiropractic Therapy visits for Lumbar Spine, Right Shoulder and Right Ankle/Foot
2x4:** Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation ODG Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Manual therapy & manipulation.

Decision rationale: The 52 year old patient complains of pain in back, shoulders, elbows, left hip, bilateral knees, and bilateral ankles/feet, as per progress report dated 06/16/15. The request is for 8 CHIROPRACTIC THERAPY VISITS FOR LUMBAR SPINE, RIGHT SHOULDER AND RIGHT ANKLE/FOOT 2x4. The RFA for this case is dated 07/20/15, and the patient's date of injury is 04/30/15. Diagnoses, as per progress report dated 06/16/15, included thoracolumbar musculoligamentous sprain/strain with lower extremity radiculitis, right sacroiliac joint pain, right shoulder periscapular strain and impingement syndrome, bilateral elbow contusion and olecranon bursitis, right hip contusion and greater trochanteric bursitis, right knee sprain/strain and patellofemoral arthralgia, bilateral ankle foot sprain, vertigo and sleep difficulty due to pain. Medications included Tramadol and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 07/20/15. MTUS Chronic Pain Medical Treatment Guidelines 2009 Manual therapy and Manipulation section, pages 58 and 59

recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the most recent report, dated 07/20/15, is handwritten and parts of it are difficult to decipher. It is not clear if the patient has completed chiropractic therapy in the past or not. There is no documentation of efficacy. MTUS recommends an initial trial of 6 visits. Authorization of further visits will depend on impact of trial visits on the patient's pain and function. Hence, the treater's request for 8 sessions IS NOT medically necessary.

Purchase of Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle chapter under Bracing.

Decision rationale: The 52 year old patient complains of pain in back, shoulders, elbows, left hip, bilateral knees, and bilateral ankles/feet, as per progress report dated 06/16/15. The request is for PURCHASE OF ANKLE BRACE. The RFA for this case is dated 07/20/15, and the patient's date of injury is 04/30/15. Diagnoses, as per progress report dated 06/16/15, included thoracolumbar musculoligamentous sprain/strain with lower extremity radiculitis, right sacroiliac joint pain, right shoulder periscapular strain and impingement syndrome, bilateral elbow contusion and olecranon bursitis, right hip contusion and greater trochanteric bursitis, right knee sprain/strain and patellofemoral arthralgia, bilateral ankle foot sprain, vertigo and sleep difficulty due to pain. Medications included Tramadol and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 07/20/15. ACOEM guidelines, Chapter 14, Ankle and Foot Complaints 2004, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines, under Ankle chapter, Bracing (immobilization) Topic, "not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended." In this case, the most recent report, dated 07/20/15, is handwritten and parts of it are difficult to decipher. The request for ankle brace is noted in progress report dated 06/16/15. The treater states that the brace will support with weight-bearing activities. In progress report dated 07/20/15, the treater requests to replace worn/stretched/poorly fitting ankle brace/sleeve with Neoprene figure brace provides better support/comfort. However, ODG supports the use of braces only in patients with unstable joints. This patient has been diagnosed with bilateral ankle sprain, and the guidelines state clearly that functional treatment appears to be the favorable strategy for treating sprains when compared with immobilization. Hence, the request IS NOT medically necessary.