

Case Number:	CM15-0184679		
Date Assigned:	09/25/2015	Date of Injury:	02/05/2014
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 46 year old female whose date of injury was February 5, 2014. Medical documentation of June 24, 2015 indicated the injured worker was treated for bilateral plantar fasciitis, tenosynovitis, Achilles tendonitis, painful gait and sprain-strain of the feet. She demonstrated continuation of pain to the bilateral plantar fascia. She had tenderness to palpation in the medial and dorsal bands of the plantar fascia and had pain with heel walking-standing, squatting, crouching and toe walking-standing. She continued to show no improvement and failed orthotics, three injections to the bilateral feet, physical therapy, stocking, bracing, Cam walker use and non-weight-bearing status. The evaluating physician recommended plantar fasciectomy of the bilateral feet with surgical assistance, pre-operative medical clearance, post-operative physical therapy three times per week for four weeks, bilateral post-operative durable medical equipment and cold therapy unit rental. On August 4, 2015, the injured worker demonstrated significant pain to the bilateral feet. She had continued calcaneal pain, Achilles tendon pain and difficulty with weight bearing overall. Surgical intervention was planned. A request for authorization for DME TENS unit for seven days rental, cold therapy unit for the bilateral feet for seven days rental and knee walker was received on August 27, 2015. On September 2, 2015, the Utilization Review physician determined DME TENS unit for seven days rental, cold therapy unit for the bilateral feet for seven days rental and knee walker were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for 7 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: TENS unit for 7 days rental is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The documentation does not indicate that the patient is having a thoracotomy and there is no evidence in the MTUS that supports a postoperative TENS unit for this patient's surgery therefore this request is not medically necessary.

Knee walker: 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 Official Disability Guidelines (ODG) Ankle and Foot-Rolling knee walker.

Decision rationale: Knee walker is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that a knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). The documentation does not indicate that the patient will be unable to use another standard ambulatory assist device therefore this request is not medically necessary.

Cold therapy unit for bilateral feet 7 days rental: 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), Foot and ankle, Continuous-flow cryotherapy, Cold packs, Ice packs.

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) Foot and Ankle- Continuous-flow cryotherapy.

Decision rationale: Cold therapy unit for bilateral feet 7 days rental is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM Foot and Ankle Chapter states that at-home applications of cold can be used during first few days of acute complaint; thereafter, applications of heat or cold as patient prefers can be provided. The ODG states that continuous flow cryotherapy is not recommended as it has not been evaluated for the foot and ankle. The request for a cold therapy unit for the bilateral feet is not necessary as the patient can just use the recommended MTUS home applications of cold.