

<b>Case Number:</b>	CM15-0190261		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Pain Management

### 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 48 year old female, who sustained an industrial injury on 10-1-2013. The medical records indicate that the injured worker is undergoing treatment for bilateral plantar fasciitis, bilateral wrists sprain-strain, and left elbow medial epicondylitis, rule out cubital tunnel syndrome. According to the progress report dated 8-24-2015, the injured worker presented with complaints of pain in the bilateral plantar fascia, bilateral wrist pain, left elbow pain, and GI upset. The level of pain was not rated. The physical examination of the bilateral feet reveals tenderness to palpation over the plantar fascia, hyper supination, and restricted range of motion. Examination of the bilateral wrists reveals tenderness to palpation, decreased sensation, limited range of motions, and positive Phalen's and Tinel's test. Examination of the left elbow reveals tenderness to palpation over the medial epicondyle, decreased sensation, and reduced range of motion. The current medications are Anaprox and Prilosec. Previous diagnostic studies were not indicated. Treatments to date include medication management. Work status is described as temporarily totally disabled. The treatment plan included plantar fasciitis night splits, short course of PT, discontinue Anaprox, Prilosec for GI upset, left elbow brace, acupuncture trial, and follow-up in 4-6 weeks. The original utilization review (9-9-2015) had non-certified a request for 12 physical therapy sessions, VQ night splints, left elbow EPI brace, ultrasound of the left elbow, Voltaren #30, and Prilosec #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (3x wk x 4 wks):** Overturned

**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): Physical Medicine.

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.

**VQ night splints for plantar fasciitis:** Overturned

**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 rationale:** Regarding the request for plantar fascia splints, the ACOEM Practice Guidelines state the following on page 371 of Chapter 11: "Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and nonsteroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited." Thus night splints are one aspect of a conservative treatment regimen for plantar fasciitis. In the case of this injured worker, there is documentation of plantar fasciitis. According to a progress note from the request provider from August 2015, the worker is recommended for concomitant therapy, anti-inflammatory, and has a diagnosis of bilateral plantar fasciitis with heel spurs. Therefore, this request is medically appropriate as a component of a conservative program and is medically necessary.

**Left elbow EPI (epicondylitis) brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Splinting.

**Decision rationale:** Regarding the request for splinting for medial epicondylitis, the ACOEM Elbow Chapter (updated), do not have provisions for splinting of this conditions. The ODG Elbow Chapter states that splinting is an option for cubital tunnel syndrome and short-term for lateral epicondylitis. However, there is no provision for splinting for medial epicondylitis as in this patient's case. Therefore, given the paucity of evidence for this, this request is not medically necessary.

**Ultrasound of the left elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Ultrasound, Diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Ultrasound, Diagnostic.

**Decision rationale:** Regarding the request for ultrasound for the elbow, the ODG Elbow Chapter, Ultrasound, Diagnostic section states the following: "Indications for imaging Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic (an alternative to MRI if expertise available) Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (an alternative to MRI if expertise available)" Thus, this is an appropriate diagnostic tool in chronic elbow pain when soft tissue injury is suspected and x-rays are non-diagnostic. Within the documentation submitted for review, there is no clear documentation of plain films on the elbow. There is also no clear rationale specified for the ultrasound of the elbow in the progress note dated 8/24/15, which is associated with the RFA of the same date. Given this, this request is not medically necessary.

**Voltaren XR 100mg #30:** Overturned

**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): NSAIDs (non-steriodal anti-inflammatory drugs).

**Decision rationale:** Voltaren is a brand name for diclofenac. Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the progress note from date of service 8/24/2015 indicates that this is a change in prescription. The patient was previously on Anaprox and still continues with pain, and a change to Voltaren XR is appropriate per guidelines. The currently requested Voltaren is medically necessary.

**Prilosec 20mg #30:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The submitted documentation lacks a discussion of previous gastrointestinal events or specific gastrointestinal risk factors which would warrant a proton pump inhibitor. The injured worker is prescribed Voltaren tablets but merely taking a nonselective NSAID does not warrant a proton pump inhibitor as per the Chronic Pain Medical Treatment Medical Guidelines. Furthermore, documentation of dyspepsia by itself does not definitively implicate the NSAID as the cause of this. If there is persistent dyspepsia, a GI work-up to further investigate causes of this should be conducted. This request is not medically necessary.