

Case Number:	CM15-0208995		
Date Assigned:	10/28/2015	Date of Injury:	12/27/2008
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina
 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 62 year old male, who sustained an industrial injury on December 27, 2008. He reported a right foot injury. The injured worker was currently diagnosed as having right plantar fasciitis, right ankle sprain and strain, right hip sprain and strain compensatory, lumbar sprain and strain compensatory, stress-anxiety, left foot pain compensatory, lumbar osteophyte formation, lumbar degenerative joint disease with spinal stenosis, right hip internal derangement, right hip degenerative joint disease, right hip tendinopathy, right foot degenerative joint disease, aponeurosis degenerative changes osteoarthritis and ankle Achilles tendinosis. Treatment to date has included oral medication, topical cream, walker, shockwave therapy, diagnostic studies, chiropractic treatment and surgical treatment. On August 12, 2015, the injured worker complained of frequent, severe right foot, ankle and lower leg pain. The pain was described as sharp, stabbing, tight, numb, tingling, swelling and radiating. He rated the pain as an 8 on a 1-10 pain scale. He also complained of constant, severe lower lumbar and right hip pain described as pulling, tight, sharp, paralyzing sensation and deep dull aches. He rated this pain as a 7 on a 1-10 pain scale. Lumbosacral spine range of motion was flexion 50 degrees, extension 20 degrees, right lateral flexion 15 degrees, left lateral flexion 20 degrees, right rotation 20 degrees and left rotation 20 degrees. There was pain in all planes. Kemps, Bechterews, Elys and Iliac Compression were positive bilaterally. There was tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, SI joints bilaterally, gluteus and quadriceps on the right. Right ankle range of motion was flexion 40 degrees, extension 20 degrees, inversion 20 degrees and eversion 10 degrees. Pain was noted in all

planes. Anterior-posterior Drawer test and Tibia Talus were positive on the right. Tenderness to palpation was noted over the Achilles tendon, calcaneus, plantar aspect, tibia talus, medial-lateral malleoli and calf muscle on the right. The treatment plan included a referral for possible trigger point injections, physical therapy, orthotics, home therapy program and follow-up visit. On October 1, 2015, utilization review denied a request for surgical consultation for the lumbar spine, physical therapy two times a week for six weeks for the right ankle and foot and chiropractic treatment two times a week for six weeks for the right ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of significant lumbar back pain that have failed treatment by the primary treating physician. Therefore criteria for a lumbar surgical consult have been met and the request is medically necessary.

Physical therapy, 2 times a week for 6 weeks, for the right ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

Chiropractic treatment, 2 times a week for 6 weeks, for the right ankle and right foot: Upheld

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

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

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary, Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: A. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 12 sessions. This does not meet criteria guidelines without documentation of objective gains in function and pain and thus is not medically necessary.