

Case Number:	CM15-0038578		
Date Assigned:	03/09/2015	Date of Injury:	06/30/2014
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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 62-year-old female, who sustained an industrial injury on 6/30/2014. The diagnoses have included left foot trauma and left second metatarsal fracture, healed. Treatment to date has included diagnostics, physical therapy, work restrictions and medications. Left foot x-rays (undated) were read as a healed or healing fracture mid-portion left second metatarsal and generalized osteopenia. Currently, the IW complains of continued intermittent moderate pain in the left foot rated as 5/10. Objective findings included tenderness to the dorsal and volar aspect of the foot. Range of motion of the ankle is dorsiflexion 20 degrees and plantar flexion 30 degrees. Strength is 4/5 for dorsiflexion and plantar flexion and for eversion and inversion. There is very minimal tenderness at the fracture site. There is mild swelling. On 2/26/2015, Utilization Review non-certified a request for acupuncture for left foot/ankle (2-3 times a week for 6 weeks), refer to podiatrist, and range of motion noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODH were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of acupuncture for left foot/ankle (2-3 times a week for 6 weeks), follow up in 4-6 weeks (approved), refer to podiatrist, range of motion and four point cane (approved).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left foot/ankle two to three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient has a date of injury of 06/30/14 and presents with left foot pain radiating to the knee, with numbness and tingling. The Request for Authorization is not provided in the medical file. The current request is for ACUPUNCTURE FOR LEFT FOOT/ANKLE TWO TO THREE TIMES A WEEK FOR 6 WEEKS. For acupuncture, the MTUS Guidelines page 8 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. Left foot x-ray showed "healed fracture midportion left second metatarsal and generalized osteopenia." Review of the medical file indicates that the patient has participated in physical therapy, but there is no indication that she has trialed Acupuncture. Given the patient continued pain, MTUS recommends a trial of 3-6 visits. The treating physician's request for initial 12-18 visits exceeds what is recommended by MTUS. This request IS NOT medically necessary.

Referral to Podiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient has a date of injury of 06/30/14 and presents with left foot pain radiating to the knee, with numbness and tingling. The Request for Authorization is not provided in the medical file. The current request is for REFERRAL TO PODIATRIST. The American College of Occupational and Environmental Medicine (ACOEM), Second Edition, (2004), chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work". This patient is status post fracture of the left foot on 6/30/14 and continues to complain of "severe sharp pain" and numbness and tingling. The patient reports difficulties with standing, walking and ADL's due to the pain. A referral to a podiatrist is in accordance with ACOEM and IS medically necessary.

Computerized testing of Range of Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Computerized range of Motion (ROM); Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter regarding range of motion does discuss flexibility.

Decision rationale: This patient has a date of injury of 06/30/14 and presents with left foot pain radiating to the knee, with numbness and tingling. The Request for Authorization is not provided in the medical file. The current request is for COMPUTERIZED TESTING OF RANGE OF MOTION. The request is unclear as there are no discussions regarding the request. The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or strength test. However, ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines has the following, "Not recommended as the primary criteria, but should be part of a routine musculo evaluation." The medical reports do not specify if this is a request for range of motion testing. ODG Guidelines considers examination such as range of motion part of a routine musculoskeletal evaluation, and the treating physician does not explain why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. The requested range of motion IS NOT medically necessary.