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| Case Number: | CM15-0041537 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 12/13/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

The injured worker is a 49-year-old female, with a reported date of injury of 12/13/2013 due to a fall. The diagnoses include right ankle sprain/strain, right ankle tenosynovitis, left ankle sprain/strain, left ankle tenosynovitis, and plantar fasciitis. Treatments to date included an injection into both ankles (noted in the Utilization Review determination), acupuncture, chiropractic treatment, physical therapy, podiatry consultation, orthotics, Unna boot, myofascial release, and oral and topical medication. MRI of the ankles on 7/10/14 showed tenosynovitis and effusions. MRI of the left foot on 7/10/14 showed subchondral cyst at the head of the first metatarsal; MRI of the right foot on 7/10/14 showed osteoarthritis of the first metatarsophalangeal joint and subchondral cyst at cuboid and navicular bone. Lower extremity electromyogram and nerve conduction study on 10/30/14 showed findings consistent with bilateral lower extremity pathological process or a lumbosacral radiculopathy involving the lower lumbar nerve roots bilaterally and possible right sided sensory disorder. A qualified medical examination (QME) on 8/5/14 noted that the injured worker is awakened at times by pain in the right great toe. A cardio-respiratory diagnostic testing report from 10/27/14 with testing of cardiovagal innervation and vasomotor adrenergic innervation suggested possible autonomic dysfunction and excess parasympathetic activity. At a podiatric visit on 1/23/15, the podiatrist noted that orthotics were dispensed. The progress report dated 01/30/2015 indicates that injured worker complained of right ankle pain with radiation to the toes with numbness and tingling, and left ankle pain, with radiation to the toes with numbness and tingling. The injured worker reported that after the injection to both ankles, there was slight improvement. The

objective findings include decreased and painful bilateral ankle range of motion, tenderness to palpation of the anterior right ankle and lateral malleolus, tenderness to palpation of the anterior left ankle, lateral malleolus, and plantar heel. The treating physician documented that the injured worker recently performed a Cardio-Respiratory autonomic nervous system (ANS) test, which showed autonomic nervous system dysfunction. The treating physician requested custom orthotics to correct altered biomechanics, additional acupuncture for both ankles to relieve pain, shockwave therapy for both ankles, orthopedic consultation for both ankles, podiatrist consultation to follow-up for pain in both ankles, cardiorespiratory diagnostic testing to measure cardiac and respiratory autonomic nervous system functioning, Sudoscan testing to measure for small fiber peripheral neuropathy, pain assessment report to determine her level of pain, stress testing, and sleep disorder breathing study (SDBR) to objectively measure her lung functioning. Work status was noted as full duty. On 2/26/15, Utilization Review (UR) non-certified the items now under Independent Medical Review, citing the MTUS, ODG, and additional references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter: orthotic devices.

Decision rationale: This injured worker has diagnoses of bilateral ankle sprain/strain, tenosynovitis, and plantar fasciitis. The ACOEM notes that rigid orthotics are an option for the treatment of tendinitis/tenosynovitis. The ODG states that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The request for orthotics was not specific as to the type of orthotic and the site to which it would be applied. The records submitted indicate that the injured worker was previously dispensed orthotics; the results of use were not discussed. Due to insufficiently specific prescription and lack of documentation of response to the previously dispensed orthotics, the request for custom orthotics is not medically necessary.

Additional Acupuncture 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of

acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is no evidence of a specific physical rehabilitation program (or surgical intervention). There was no discussion by the treating physician regarding a decrease or intolerance to pain medication. The request and records suggest that prior acupuncture has been performed; however, no acupuncture treatment records were submitted and the number of prior sessions and outcome were not discussed. There was no documentation of functional improvement as a result of any prior acupuncture treatment. Due to lack of indication in accordance with the guidelines, and lack of documentation of functional improvement as a result of prior acupuncture, the request for Additional Acupuncture 1x6 is not medically necessary.

Shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter: extracorporeal shock wave therapy (ESWT) and Other Medical Treatment Guidelines Wang, Ching-Jen. Extracorporeal shockwave therapy in musculoskeletal disorders. In Journal of Orthopaedic Surgery and Research 2012, 7:11.

Decision rationale: The ACOEM states that there is limited evidence regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis; insufficient high quality scientific evidence exists to clearly determine the effectiveness of this therapy. The ODG states that high energy ESWT is not recommended. Low energy ESWT is an option for chronic plantar fasciitis. The ODG lists specific criteria for ESWT, including heel pain from plantar fasciitis despite six months of standard treatment, performance of at least three conservative treatments before use of ESWT, certain contraindications, a maximum of 3 therapy sessions over 3 weeks, and recommendation for low energy ESWT without local anesthesia. Some studies have shown positive effects from extracorporeal shockwave therapy (ESWT), but others have reported that ESWT is ineffective or less effective with the results comparable to the placebo effect. The FDA has approved specific shockwave devices for the treatment of plantar fasciitis and lateral epicondylitis. Although this injured worker has a diagnosis of plantar fasciitis, the medical records note that the request for shockwave therapy is for the bilateral ankles. The guidelines do not specifically recommend use of ESWT for the ankles. In addition, the criteria for use of shockwave therapy per the ODG for plantar fasciitis have not been met for this injured worker. The number of sessions requested, site to be treated, and energy level was not specified. Due to insufficiently specific prescription and lack of clear indication, the request for Shockwave therapy is not medically necessary.

Ortho consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: The ACOEM ankle and foot chapter states that referral for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. None of the listed criteria were present in this injured worker. Work status was noted to be full duty, there was no discussion of activity limitation, failure of exercise programs, or clinical or imaging findings, which would warrant surgical repair (see the MRI results as noted). Due to lack of specific indication, the request for orthopedic consultation is not medically necessary.

Podiatrist consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ankle and foot chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The Utilization Review determination noted that there was no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. This injured worker has diagnoses of ankle sprains and tenosynovitis and plantar fasciitis. The primary treating physician is a chiropractor. This injured worker has already been evaluated by a podiatrist; the records submitted include multiple reports of office visits by the podiatrist, which include evaluation and treatment, with the most recent visit on 1/23/15. The records note that the reason for podiatrist consultation was to follow up for pain in both ankles. At the most recent visit with the podiatrist, orthotics were dispensed and the treating podiatrist noted that the injured worker was provided with instructions on how to use them, with plan for a follow up visit in one month. As the documentation is consistent with a request for a follow up visit with the podiatrist, and as the documentation indicates need for ongoing evaluation of the podiatric treatment provided, the request for podiatrist consult is medically necessary.

Cardio-respiratory diagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pulmonary Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines autonomic test battery Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: autonomic test battery and Other Medical Treatment Guidelines UpToDate: Functional exercise testing: ventilator gas analysis. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Exercise testing with respiratory gas analysis is most often used in the evaluation and management of patients with heart failure. It may also be used in the evaluation of exercise-induced dyspnea or impaired exercise capacity when the cause is uncertain. In this case, there was no documentation of heart failure, dyspnea, or impaired exercise capacity for this injured worker. No cardiac or lung examination was documented. The documentation notes that cardio-respiratory testing was previously performed. A cardio-respiratory diagnostic testing report from 10/27/14 with testing of cardiovagal innervation and vasomotor adrenergic innervation suggested possible autonomic dysfunction and excess parasympathetic activity. These results were not addressed by the treating physician. The treating physician documented that the current request for cardio-respiratory diagnostic testing included autonomic function assessment and was to be performed in the treating physician's office, in order to measure the injured worker's cardiac and respiratory autonomic nervous system functioning. Autonomic testing is recommended by the MTUS for evaluation of complex regional pain syndrome (CRPS) 1. This injured worker does not have a diagnosis of complex regional pain syndrome. The ODG states that autonomic nervous system function testing is not generally recommended, and addresses this type of testing in the context of CRPS. Due to lack of clear indication, and as cardio-respiratory diagnostic testing was already performed but not addressed, the request for Cardio-respiratory diagnostic testing is not medically necessary.

Pulmonary-respiratory diagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pulmonary Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pulmonary chapter: pulmonary function testing.

Decision rationale: The ODG states that pulmonary function testing is recommended as indicated for diagnosis and management of chronic lung diseases including asthma, and in the preoperative evaluation of individuals who may have some degree of pulmonary compromise. This injured worker did not have a diagnosis of any form of chronic lung disease. No plan for surgery was discussed, and there was no indication of pulmonary compromise. No cardiac or lung examination was documented. No respiratory symptoms were documented. Due to lack of indication, the request for Pulmonary-respiratory diagnostic testing is not medically necessary.

Sudoscan testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817891>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines autonomic test battery Page(s): 23. Decision based on Non-MTUS Citation ODG chronic pain chapter: autonomic test battery, CRPS diagnostic tests and Other Medical Treatment Guidelines Smith, A et al. Sudoscan as a diagnostic tool for diabetic and idiopathic peripheral neuropathy. Neurology, April 8, 2014 vol. 82 no. 10 supplement P7.003 Casellini, C. et al. Sudoscan, a noninvasive tool for detecting diabetic small fiber neuropathy and autonomic dysfunction. Diabetes Technol Ther. 2013 Nov; 15 (11): 948-953.

Decision rationale: An autonomic test battery is recommended by the MTUS for diagnostic testing for complex regional pain syndrome (CRPS) 1. Resting skin temperature, resting sweat output, and quantitative sudomotor axon reflex test are a test battery with some evidence to support its limited use in the diagnosis of CRPS 1. Regarding sudomotor measures, the ODG states that most formal diagnostic tests for this are not generally recommended. This injured worker does not have a diagnosis of CRPS 1. There is no recommendation by the guidelines for use of sudomotor testing for disorders of the foot and ankle. Some literature suggests that sudoscan may have use as a diagnostic test for diabetic small fiber neuropathy and idiopathic distal symmetric polyneuropathy. This injured worker did not have diagnoses of diabetes or neuropathy. Due to lack of specific indication, the request for sudoscan testing is not medically necessary.

Pain Assessment: 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) pain chapter: office visits and Other Medical Treatment Guidelines UpToDate: Evaluation of chronic pain in adults. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician documented 'we are ordering a pain assessment report to determine patient's level of pain.' A number of different measurements for pain intensity have been developed. Pain intensity is determined by the patient's report. A consistent measure of pain for an individual patient should be used across time. One such tool is the visual analog scale, in which a 10-point scale is used to rate pain levels from none, mild, moderate, very bad, and unbearable levels. Multiple additional pain intensity rating tools are available and include the Brief Pain Inventory, the McGill Pain Questionnaire, and the Neuropathic Pain Scale. The treating provider should obtain a thorough history including pain characteristics, impact of pain on the quality of life, and usual activities. The documentation submitted suggests that the injured worker had been treated by pain management specialists as well as the primary treating physician, a chiropractor. The administration of a pain assessment scale, which would be completed by the injured worker, is within the scope of the primary treating physician's practice

and would be part of a routine history and examination during an office visit. As such, the request for pain assessment is not medically necessary.

SDBR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, <http://www.regence.com/trgmedpol/medicine/med22.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005;28(4):499-521.

Decision rationale: The MTUS does not provide direction for evaluating or treating sleep disorders. The American Academy of Sleep Medicine (AASM) has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders (SRBD), other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation "should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems." "The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed." The ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week) unresponsive to behavior intervention and medications and after a psychiatric etiology has been excluded. Polysomnography is also indicated when a sleep related breathing disorder or periodic limb movement disorder is suspected. The ODG lists additional criteria for polysomnography and states that home sleep studies are an option. The documentation indicates that the request is for a sleep disordered breathing ('SDB') study. The treating physician documented that the reason for this test was 'in order to objectively measure the patient's respiratory functioning and screen for any signs and symptoms arising out of the industrial injury that are known to be influenced or aggravated by pulmonary and/or respiratory abnormalities.' This injured worker has diagnoses of ankle sprain/strains and tenosynovitis, and plantar fasciitis. There was no documentation of pulmonary or respiratory signs or symptoms. There was no documentation of insomnia. There was one reference to difficulty sleeping secondary to awakening by pain in the toe noted by a QME in August 2014. No recent sleep complaints, including insomnia were noted. No sleep history was discussed and no cardiac or respiratory system examination was documented. There were no clinical symptoms or findings to suggest sleep disordered breathing. Due to lack of indication, the request for SDBR is not medically necessary.

Stress testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Coll Cardiol, 2008, 51:1127-1147, doi:10.1016/j.jacc.2007.12.005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gibbons, RJ et al. ACC/AHA 2002 Guideline Update for Exercise Testing. Available at www.acc.org. UpToDate: Stress testing for the diagnosis of obstructive coronary heart disease. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Diagnostic stress testing is used during the evaluation for coronary heart disease as the cause of chest pain or other angina-type symptoms of cardiac origin. A variety of noninvasive tests are available, including exercise electrocardiography generally using a treadmill and standardized protocols, echocardiography using either exercise or pharmacologic stress, and radionuclide myocardial perfusion imaging using either exercise or pharmacologic stress. Algorithms may be used to select the optimal stress test based on the patient's exercise capacity and resting electrocardiogram. The American College of Cardiology (ACC) and American Heart Association (AHA) have outlined recommendations for evaluation of suspected angina/cardiovascular disease, including the use of cardiovascular stress testing. Recommendations include consideration of symptoms, ability to exercise, findings on resting electrocardiogram, and contraindications to stress testing. In this case, the reason for stress testing was not provided by the treating physician. The injured worker was not documented to have chest pain, angina, or other findings or history suggestive of coronary artery disease. The type of stress test was not specified. Due to lack of clear indication and lack of sufficiently specific prescription the request for stress testing is not medically necessary.