

Case Number:	CM15-0044256		
Date Assigned:	03/16/2015	Date of Injury:	11/12/2008
Decision Date:	05/05/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 37-year-old female who sustained an industrial injury on 11/12/08. Injury occurred when she was walking across the parking lot and her shoe got wedged in a crack caused by tree roots. She twisted her left ankle and fell. Past surgical history was positive for left ankle nerve, tendon and ligament surgeries. The 8/21/14 treating physician report cited severe grade 10/10 left foot and ankle pain with increased swelling and discoloration to the foot. She was having a difficult time ambulating and sleep quality is poor due to pain. Medications work well when authorized on time. Physical exam documented body mass index 38.4, with height 5'10 and weight 268 pounds. Physical exam documented continued pain in her left foot that swells up with radiating pain to the left back, along with left lower extremity color changes. She had burning left lower extremity pain. There was on-going allodynia with antalgic gait. The injured worker had symptoms of complex regional pain syndrome (CRPS) types I and II. The treatment plan documented medication management and recommended continued medication use. The treatment plan also recommended home exercise/physical therapy, urine drug screen, follow-up with pain management for paralumbar sympathetic block, and continued [REDACTED] home weight loss. The 12/1/14 pain management note documented increased left foot and ankle pain, requiring high doses of narcotic medication. Physical exam documented left foot pain, color and temperature changes, and allodynia. The diagnosis was CRPS type II. The 1/29/15 treating physician report cited left foot nerve pain with clinical exam findings of allodynia and hyperesthesia. The diagnosis was tarsal tunnel syndrome. The 2/9/15 utilization review non-certified the request for left ankle tarsal tunnel decompression as there was insufficient clinical

evidence to support the diagnosis of tarsal tunnel syndrome in an injured worker with overlying CRPS, and there was no electrodiagnostic evidence. The request for consultation with [REDACTED] Weight Loss was non-certified as there was no description of specific medical co-morbidities that would suggest the need for medical supervised weight loss. The request for chiropractic and acupuncture treatment was non-certified as there was no description of prior chiropractic or acupuncture treatment and associated functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] Weight Loss: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries; Medical Aid Rules & Fee Schedule Guidelines, Professional Services 7/1/09, Chapter 20, Obesity Treatment, pages 20-3 and 20-4.

Decision rationale: The California MTUS guidelines do not provide recommendations for weight loss. The Washington State guidelines recommend obesity treatment for injured workers who are severely obese (BMI > 35), and obesity is the primary condition regarding recovery from the accepted condition, and the weight reduction is necessary to undergo required surgery, participate in physical rehabilitation, or return to work. There must be evidence of a specific treatment plan and compliance. Guideline criteria have not been met. There is no current documentation relative to the injured worker's body mass index. Records suggest that the injured worker has been participating in the [REDACTED] program with no documentation of specific treatment goals or progress towards goals. There is no evidence obesity is the primary condition slowing recovery or that weight loss is necessary for a required surgery, participation in physical rehabilitation, or return to work. Evidence of a trial and failure of decreased caloric input and increased caloric expenditure has not been provided. Therefore, this request is not medically necessary.

Consultation for Chiropractic and Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase

range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. MTUS guidelines generally recommend chiropractic treatment for chronic pain caused by musculoskeletal conditions. However, the guidelines do not recommend the use of manipulative treatment in the treatment of ankle and foot conditions. Guideline criteria have not been met. There is no current documentation of prior conservative treatment to indicate whether acupuncture and chiropractic treatment have been trialed, and what, if any, functional benefit may have been achieved. There is no current evidence that medications have been reduced or not tolerated. There is no specific functional deficit documented to be addressed by chiropractic treatment. There is no guideline support for the use of chiropractic manipulation in foot and ankle complaints. Therefore, this request is not medically necessary.

Decompression of the Tarsal Tunnel Left Ankle: Upheld

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

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: Surgery for tarsal tunnel syndrome.

Decision rationale: The California MTUS guidelines do not provide specific recommendations for decompression of the tarsal tunnel. The Official Disability Guidelines recommend surgery for tarsal tunnel syndrome after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. Guideline criteria have not been met. There is no current clinical exam evidence of tarsal tunnel syndrome. Clinical exam findings are consistent with complex regional pain syndrome. There is no electrodiagnostic evidence of tarsal tunnel syndrome noted in the records. Therefore, this request is not medically necessary.