

<b>Case Number:</b>	CM15-0045489		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 44 year old female who sustained an industrial injury on 10/10/2014 due to continuous trauma. Diagnoses include right foot arthralgia, right knee arthralgia, left knee arthralgia, rule out internal derangement, right thumb pain, rule out DeQuervain's tenosynovitis, left thumb pain rule out DeQuervain's tenosynovitis, thoracic spine myospasm, bilateral shoulder arthralgia, lumbar spine musculoligamentous sprain/strain, and lumbago. Treatment to date has included medications, acupuncture therapy, and chiropractic treatment. A functional capacity evaluation from December 2014 was submitted. A physician progress note dated 02/02/2015 documents the injured worker has worsening pain in the right foot. She also has ongoing pain in the low back, mid back and left knee, but is improved since last visit. There is tenderness to palpation on the right calcaneus. Toes have full range of motion. There is tenderness to palpation to the thoracic and lumbar bilateral paraspinals. Lower extremity sensation and reflexes were intact. Current treatment is to include continued acupuncture and chiropractic treatment, Podiatry consultation for workup and treatment for right heel enthesophyte, lumbar spine orthotic, TENS and Interferential Unit, medications, and toxicology screening. The injured worker was noted to be working. On 2/26/15, Utilization Review (UR) non-certified requests for Acupuncture-right foot 2 x 6, Chiropractic therapy-right foot 2 x 6, Podiatry consultation-right foot, and TENS/IF Unit purchase for the lumbar spine, citing the MTUS and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry consultation - right foot:** Upheld

**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 and 156 Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 14 Ankle and Foot Complaints Page(s): 375-382. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain 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 ACOEM chapter on ankle and foot complaints notes surgical considerations for specific foot disorders, and indications for consultations for special studies and care, including red flag conditions and evidence of serious disease, and evidence of lower extremity problems causing ankle and foot complaints. This injured worker reported worsening right foot pain. The physician documented that the reason for podiatry referral was workup and treatment of right heel enthesophyte. There was no documentation of consideration for surgery, red flag conditions or evidence of serious disease, or specific treatment to date for the enthesophyte. Diagnostic evaluation was not submitted. Due to lack of documentation of prior evaluation and treatment and specific necessity of a podiatry consultation, the request for podiatry consultation for the right foot is not medically necessary.

**Acupuncture - right foot 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoratin for Function chapter, page 114.

**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. The documentation submitted indicates that the injured worker has undergone acupuncture treatment, but the number of treatments, treatment dates, and outcome were not discussed. The number of sessions requested is in excess of that recommended as an initial course. There was no documentation of functional improvement from prior acupuncture to

support necessity for further acupuncture treatment. As such, the request for Acupuncture - right foot 2x6 is not medically necessary.

**TENS/IF unit purchase for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter: interferential current therapy.

**Decision rationale:** Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. A treatment plan with the specific short and long term goals of treatment with the TENS unit should be submitted. The physician reports do not address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit is not medically necessary. Per the MTUS, interferential (IF) current stimulation is not recommended as an isolated intervention. It may be used in association with exercise and medications. If certain criteria are met, a one-month trial may be appropriate to permit the physician and physical medicine provider to determine effects and benefits. Criteria include pain which is ineffectively controlled by medications, history of substance abuse, pain from postoperative conditions that limit the ability to perform exercise programs, or lack of response to conservative measures. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and post-operative knee pain. There are no standardized protocols for the use of interferential therapy. The ODG notes that interferential current therapy is not recommended for chronic pain. There was no documentation that this injured worker had any of the criteria listed for use of IF stimulation. Due to lack of specific indication, the request for TENS/IF unit purchase for the lumbar spine is not medically necessary.

**Chiropractic therapy - right foot 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The documentation indicates that the injured worker has had prior chiropractic treatment, but the body site(s) treated, number of sessions, dates and outcome were not documented. There was no documentation of functional improvement as a result of prior chiropractic treatment. Per the MTUS, chiropractic manipulation is not recommended for the Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee. The request is for chiropractic therapy to the right foot. Per the MTUS, chiropractic manipulation is not recommended for the foot. As such, the request for Chiropractic therapy - right foot 2x6 is not medically necessary.