

Case Number:	CM15-0047461		
Date Assigned:	03/19/2015	Date of Injury:	02/21/2013
Decision Date:	04/24/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/12/2015

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, Pain Management

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 67 year old female, who sustained an industrial injury on 2/21/2013. Diagnoses include bilateral feet contusion with persistent pain. Treatment to date has included home exercise. Per the Comprehensive Orthopaedic Evaluation dated 2/02/2015, the injured worker reported persistent bilateral foot pain rated as 1/10 in severity. Physical examination revealed pain in the mid foot bilaterally. No gross instability with pronation and supination. She also reports some pain in the toes on the left and the right ankle. There is intact dorsiflexion, plantar flexion, inversion, eversion and capillary refill is brisk. Sensation is intact to light touch. The plan of care included orthotic shoes and possible acupuncture and physical therapy. Work status is regular duty. Authorization was requested for Acupuncture (1x6) and orthotics for the bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 5 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has chronic pain and is noted to be participating in independent home exercise. As such, the currently requested acupuncture is medically necessary.

Orthotics for the bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for orthotics, CA MTUS and ACOEM support their use in the management of plantar fasciitis and metatarsalgia. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no evidence of a condition for which orthotics are supported. In the absence of such documentation, the current request for orthotics is not medically necessary.