MAXIMUS Federal Services

Case Number:	CM15-0051172		
Date Assigned:	03/24/2015	Date of Injury:	09/03/2008
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 42 year old male who sustained an industrial injury on 09/03/2008. Current diagnoses include discogenic lumbar condition and ankle inflammation. Previous treatments included medication management, ankle arthroscopy in 2009, and injections. Previous diagnostic studies included MRI of the lumbar spine, electrodiagnostic studies, myelogram, lumbar CT scan, x-rays, and bone scan. Report dated 01/27/2015 noted that the injured worker presented with complaints that included low back pain with sciatica down the left leg which appears to be affecting his left ankle and foot. Physical examination was positive for abnormal findings. The treatment plan included evaluation, but further injections were deferred until he has had his low back surgery. The physician noted that he already has appropriate custom orthotics and extra depth shoes. Disputed treatments include interferential unit, rocker bottom shoe, and conductive garment. Per the doctor's note dated 2/12/15 patient had complaints of low back pain and left ankle pain. Physical examination of the revealed antalgic gait, unable to walk on heel and toe, limited range of motion, swelling over ankle joint. Physical examination ankle revealed tenderness on palpation, limited range of motion and swelling. He has had MRI of the lumbar spine that revealed disc herniation and MRI of the ankle revealed tenosynovitis on 2/12/15. The patient had received lumbar ESI for this injury. The patient's surgical history include left ankle arthroscopy in 2009. The medication list include Protonix, Tramadol, Naproxen, Rameron, Nalfon and Neurontin. The patient has had EMG study that was unremarkable. The patient had used TENS unit, ankle and back brace, orthotics and cane. Patient has received an unspecified number of chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive Garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 118-120, Interferential Current Stimulation (ICS).

Decision rationale: Request: Conductive Garment. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Per the records provided, any indication listed above is not specified in the records provided. The records provided do not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this injury. Patient has received an unspecified number of chiropractic visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of the request for Interferential Unit is not fully established in this patient. The medical necessity of the Interferential Unit is not fully established and therefore the need for the Interferential Unit supplies is also not established. The request for Conductive Garment is not fully established for this patient. The request IS NOT medically necessary.

Rocker bottom shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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) Knee chapter Footwear.

Decision rationale: Rocker bottom shoes. Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Rationale for requesting rocker bottom shoes was not specified in the records provided. Patient has received an unspecified number of chiropractic visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Response to "off the shelf" arch support/ prefabricated orthotics is not specified in the records provided. Significant functional deficits that would require rocker bottom shoes was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Rocker bottom shoes is not fully established for this patient. The request IS NOT medically necessary.

Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 118-120, Interferential Current Stimulation (ICS).

Decision rationale: Interferential Unit. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Per the records provided, any indication listed above is not specified in the records provided. The records provided do not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this injury. Patient has received an unspecified number of chiropractic visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records

provided. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of the request for Interferential Unit is not fully established in this patient. The request IS NOT medically necessary.