

Case Number:	CM15-0083674		
Date Assigned:	05/07/2015	Date of Injury:	10/27/2010
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old female who sustained an industrial injury on 10/27/2010. Diagnoses include right tarsal tunnel syndrome, and right hip bursitis. Treatment to date has included diagnostic studies, medications, and therapy. A physician progress note dated 03/30/2015 documents the injured worker walks with an antalgic and stiff gait favoring her right lower extremity. She has pain in her right ankle that she rates as 5 out of 10 on the pain scale. There is clicking and popping. Treatment requested is for Acupuncture two times a week for three weeks, for treatment of the right foot QTY: 6, Physical Therapy two times a week for three weeks, for treatment of the right foot QTY: 6, and Solar Care FIR Heating System and FIR Heating Pad Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks, in treatment of the right foot QTY: 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy two times a week for three weeks, in treatment of the right foot QTY: 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that up to 10 visits for this condition are recommended. The documentation indicates that the patient has had prior therapy, which was helpful however, there is no evidence of objective functional improvement from prior therapy in the documentation submitted. Also the documentation is not clear on why the patient has failed a home exercise program. The request for physical therapy is not medically necessary.

Acupuncture two times a week for three weeks, in treatment of the right foot QTY: 6:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture two times a week for three weeks, in treatment of the right foot QTY: 6 is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that acupuncture is a new treatment for this patient therefore the request is appropriate and medically necessary.

Solar Care FIR Heating System and FIR Heating Pad Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

Decision rationale: Solar Care FIR Heating System and FIR Heating Pad Purchase is not medically necessary per the MTUS Guidelines. The MTUS ACOEM Guidelines state that patients may use applications of heat or cold at home before or after exercises; these are as effective as those performed by a therapist. The documentation does not reveal extenuating circumstances that would necessitate a specialized heating system. Therefore, the request for a Solar Care FIR Heating System and heating pad are not medically necessary.