

Case Number:	CM15-0084387		
Date Assigned:	05/06/2015	Date of Injury:	09/06/2011
Decision Date:	07/01/2015	UR Denial Date:	04/02/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 6, 2011. In a utilization review report dated April 2, 2015, the claims administrator denied a request for an internal medicine consultation, denied an ankle support, and denied a sleep study while apparently approving custom orthotics. The claims administrator referenced an RFA form of March 26, 2015 and an associated progress note from March 19, 2015 in its determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of low back pain with hyposensorium about the left L5 distribution. The applicant also reported complaints of knee and ankle pain. The applicant was also given ancillary diagnoses of internal derangement of the knee and ankle pain. Authorization was apparently sought for an internal medicine consultation, a sleep study, custom orthotics, and ankle braces. The attending provider did not, however, state for what purpose and/or diagnoses he intended for the applicant to consult with an internist. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for an internal medicine consultation is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the requesting provider, a physiatrist, did not clearly state what issue, diagnosis, and/or concern he was uncomfortable addressing and/or wished the internist to address. Therefore, the request is not medically necessary.

1 Custom shoes orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

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

Decision rationale: The request for a custom shoes orthosis was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 14, Table 14-3, page 370 does acknowledge that rigid orthotics are "options" in management of plantar fasciitis and/or metatarsalgia, here, however, it was not clearly stated what diagnosis and/or issue was responsible for the applicant's ongoing foot and ankle pain complaints. The attending provider seemingly gave the applicant a diagnosis of nonspecific ankle pain. The attending provider did not elaborate or expound upon the applicant's foot and/or ankle issues to any appreciable degree in his March 19, 2015 progress note. Little to no rationale for the custom orthotics in question was furnished. Therefore, the request is not medically necessary.

1 Bilateral ankle support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Similarly, the request for bilateral ankle supports was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, the usage of prolonged supports or bracing is

deemed "not recommended" due to the risk of debilitation. Here, the attending provider failed to furnish a clear or compelling rationale for introduction of bilateral ankle supports on or around the date in question, March 19, 2015, i.e., approximately 3-1/2 years removed from the date of injury, September 6, 2011. The attending provider did not elaborate or expound upon the nature of the applicant's foot or ankle issues to any appreciable degree on or around the date in question, March 19, 2015. It was not clearly stated why ankle bracing and/or ankle supports were being introduced at this late stage in the course of the claim. Therefore, the request is not medically necessary.

1 sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic in- somnia in adults. J Clin Sleep Med 2008; 4(5):487-504.

Decision rationale: Finally, the request for a sleep study was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) does acknowledge that polysomnography is indicated when there is reasonable clinical suggestion of a breathing disorder such as sleep apnea or a movement disorder, here, however, it was not clearly stated why the attending provider suspected such a diagnosis or issue. The attending provider did not clearly state for what purpose, issue, and/or diagnosis the sleep study in question was proposed. The attending provider did not outline a history of sleep disorder, movement disorder, precipitous arousals, daytime somnolence, injurious behavior, etc., which would have called into question obstructive sleep apnea, narcolepsy, or related concern on his March 19, 2015 progress note. Therefore, the request is not medically necessary.