

Case Number:	CM14-0131119		
Date Assigned:	09/22/2014	Date of Injury:	05/13/2014
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for low back pain and plantar fasciitis reportedly associated with an industrial injury of May 30, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated July 17, 2014, the claims administrator denied a request for a functional capacity evaluation and an interferential unit. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines, which it mislabeled/misrepresented as originating from the MTUS. The applicant's attorney subsequently appealed. In a June 23, 2014, Doctor's First Report (DFR), the applicant reported constant pain, stiffness, and soreness about the foot. Tenderness was appreciated about the calcaneus and plantar fascia. X-rays of the foot and ankle were endorsed, along with a functional capacity evaluation, medical transportation, 12 sessions of chiropractic manipulative therapy to the lumbar spine, and an interferential unit. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. Psychological complaints of depression and anxiety were also reported. It was stated that the applicant was alleging pain secondary to cumulative trauma as opposed to a specific, discrete injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Functional Capacity Evaluations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity testing when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant is not working. It has not been clearly established whether or not the applicant has a job to return to as a housekeeper. The applicant is in the midst of receiving treatment for her various back and foot issues. It is not clear what role functional capacity testing would serve in the context present here. Therefore, the request is not medically necessary.

DME: IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Page(s): 300; 371.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, insufficient evidence existed to determine the effectiveness of interferential therapy, a modality involving electrical stimulation. Similarly, the MTUS Guideline in ACOEM Chapter 14, page 371 also notes that electrical stimulation/neurostimulation units such as the interferential unit at issue have "no scientifically proven efficacy" in treating acute ankle or foot symptoms. No rationale for selection of this particular modality in the face of the tepid-to-unfavorable ACOEM positions on the same was proffered by the attending provider. It was not clearly stated why the unit in question could not be employed on a trial basis before a request to purchase the same was made. Therefore, the request is not medically necessary.