

Case Number:	CM14-0180804		
Date Assigned:	11/05/2014	Date of Injury:	03/28/2008
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopaedic Surgery 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:

This 61-year-old female sustained an industrial injury on 3/28/08. Injury to the right ankle occurred when she stepped off the bus with immediate pain and swelling. Past medical history was positive for myocardial infarction, congestive heart failure, hypertension, diabetes, anxiety, and depression. Past surgical history was positive for open heart surgery in 2008, lap band surgery in 2010, and cardiac stent placement in February 2014. The patient underwent right lateral ankle reconstruction with allograft tibialis anterior tendon on 5/22/13. The 1/22/14 bilateral lower extremity electrodiagnostic study documented findings consistent with early diabetic neuropathy. The 7/8/14 right foot MRI impression noted an os naviculare and otherwise unremarkable MRI of the foot. The 9/10/14 treating physician report cited right foot and ankle pain aggravated by walking and driving, and lower back pain due to antalgic gait. Physical exam documented moderate loss of right ankle dorsiflexion and eversion, medial and lateral joint line tenderness, and tenderness over the plantar fascial and Achilles tendon attachments to the calcaneus. The diagnosis was mechanical lower back pain and lumbar strain due to antalgia, rule-out herniated lumbar disc. The treatment plan requested authorization for acupuncture 2 to 3 times per week for 6 weeks to the low back, and ultrasound guided corticosteroid injection to the right ankle. The 10/1/14 utilization review denied the request for acupuncture to the low back as there were no current physical exam findings or prior acupuncture treatment history documented. The request for corticosteroid injection to the right ankle was denied as pain and symptoms were related to tenderness and pain at the insertion of the plantar fascia with adequate ankle/foot range of motion. The reviewer opined that injection of the plantar fascia might be temporarily beneficial but injection into the ankle would be of no benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 times 6, low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. There is no evidence that pain medication has been reduced, was ineffective, or was not tolerated. There is no documentation of a functional restoration program to be used as an adjunct to acupuncture. The request for 18 visits markedly exceeds guideline recommendations for initial care. If prior acupuncture was provided, there is no documentation of objective functional improvement. Therefore, this request is not medically necessary.

Associated Surgical Service: Ultrasound s injection guided cortisone Injection to right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Ankle & Foot, Injections (corticosteroid)

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) Ankle and Foot, Injections (corticosteroid)

Decision rationale: The California MTUS guidelines recommend injections for point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma if four to six weeks of conservative treatment is ineffective. The Official Disability Guidelines (ODG) do not recommend intra-articular corticosteroid injections for the ankle/foot. Guidelines state that corticosteroid injections for plantar fasciitis are under study with no evidence of the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. The ODG do not recommend corticosteroid injection for the Achilles tendon. Guideline criteria have not been met. There is no medical rationale presented to support the medical necessity of a corticosteroid injection to the right ankle. There is no specific indication documented for this injection. Evidence of 4 to 6 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

