

Case Number:	CM14-0181814		
Date Assigned:	11/06/2014	Date of Injury:	07/28/2014
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 injured worker is a represented employee who has filed a claim for foot and ankle pain reportedly associated with an industrial injury of July 28, 2014. In a Utilization Review Report dated October 27, 2014, the claims administrator partially approved/conditionally approved a request for interferential garment with custom molded orthotics for the feet, as custom molded orthotics alone. The claims administrator also denied chiropractic manipulative therapy for the feet, again invoking non-MTUS Official Disability Guidelines (ODG). The injured worker's attorney subsequently appealed. X-rays of the foot and ankle of July 28, 2014 were apparently notable for degenerative changes, soft tissue swelling, and low-grade osteoarthritis of uncertain clinical significance. On October 8, 2014, the injured worker reported ongoing complaints of foot pain reportedly associated with a contusion of the feet, 2/10. The injured worker exhibited an antalgic gait, was unable to walk on her toes and heels. The injured worker exhibited 5/5 lower extremity strength. Custom orthosis were endorsed. The injured worker's work status was not furnished. On September 27, 2014, the injured worker was described as having issues associated with contusion of the feet. Custom fitting orthosis were endorsed, again with no discussion of the injured worker's work status. The injured worker's medication list was not furnished. In a July 30, 2014 Doctor's First Report (DFR), the injured worker was placed off of work, on total temporary disability. In a September 5, 2014 progress note, the injured worker was placed off of work, on total temporary disability. Treatment included chiropractic manipulative therapy; podiatry evaluation; and electrodiagnostic testing of the lower extremities were sought owing to the injured worker's ongoing complaints of bilateral foot pain. The injured worker exhibited an antalgic gait and was apparently using a cane. The injured worker was again placed off of work, on August 28, 2014. On October 7, 2014, the injured worker's treating provider appealed previously denied chiropractic manipulative therapy for the feet and an

interferential unit with garment. In a progress note dated September 30, 2014, the injured worker reported ongoing complaints of bilateral foot pain and low back pain with resultant antalgic gait. Authorization was sought for custom molded orthosis, six additional sessions of chiropractic manipulative therapy, and multimodality interferential unit with associated garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for both feet, QTY: 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Manual Therapy and Manipulation

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 369: "Manipulation has not been shown to be effective in alleviating foot or ankle pain." In this case, the requesting provider did not furnish any applicant-specific rationale, which would offset the ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Interferential unit with garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Interferential Current Stimulation (ICS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 371, transcutaneous electrical neurostimulation, which the requested interferential unit at issue is a subset, has "no scientifically proven efficacy" in treating acute ankle or foot symptoms as were present here on or around the date of the request. ACOEM Chapter 14, Table 14-6, page 376, further notes that passive physical modalities, such as the interferential unit at issue are collectively deemed "not recommended." However, in this case the attending provider's concurrent pursuit of two separate passive modalities, namely interferential stimulation and manipulation, thus, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.