

Case Number:	CM14-0083989		
Date Assigned:	07/21/2014	Date of Injury:	09/23/2013
Decision Date:	11/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 09/23/13. Per the 04/30/14 report by [REDACTED] P.A., supervised by [REDACTED], the patient presents with pain primarily over the left heel and dorsum of the foot with numbness and radiation to left lateral aspect of the foot with ankle pain described as stabbing and needlelike associated with numbness. The left foot has persistent swelling and sensitivity to light touch. The reports do not state if the patient is working. Examination of the left ankle reveals bogginess and erythema; of the left foot, restricted range of motion with 2+ pitting edema with allodynia. The 12/03/13 MRI of the left ankle has the following impression: Multiple small abscesses, probably interconnected, are seen at the later aspect of the hind foot and calcaneus. There is associated cellulite but no definite associated osteomyelitis. The patient's diagnoses include: Reflex sympathetic dystrophy of lower limb, Pain in joint of ankle and foot. Reports provided include: 12/05/13 operative report for left foot debridement, Physical therapy treatment reports for the period 02/18/14 to 03/28/14 and for 05/01/14. Current medications are listed as Ibuprofen, Norco and Percocet. The utilization review being challenged is dated 05/12/14. The rationale regarding the Manual Muscle Testing Procedure is that it is normal and standard of care to include muscle testing in the physical examination and documentation did not indicate the need for separate assessment. The review notes that MTUS, ACOEM, ODG and NGC guidelines do not have specific recommendations. Reports were provided from 12/02/13 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nerve Conduction test of the lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Electrodiagnostics.

Decision rationale: The patient presents with pain of the left foot with radiation to the left lateral aspect of the foot and ankle pain. The provider requests for 1 Nerve Conduction Test of the lower extremities. MTUS is silent on NCV. ACOEM does allow for nerve conduction studies to confirm the diagnosis of CTS or to differentiate radiculopathy for the upper extremities. ODG guidelines do not recommend NCV studies when leg symptoms are presumed to be coming from the L-spine. NCV is recommended for CRPS or other focal nerve extractions. The provider does not discuss the reason for this request, and the reports provided do not indicate a prior study was completed. The patient does present with foot/ankle pain with possible focal neuropathy such as tarsal tunnel syndrome. The patient does present with CRPS type symptoms and an NCV study of the lower extremity is reasonable and consistent with ODG guidelines. Recommendation is for authorization.

1 prescription of Percocet 10/325 #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On-Going Management Page(s): 88, 89 78.

Decision rationale: The patient presents with pain of the left foot with radiation to the left lateral aspect of the foot and ankle pain. The provider requests for: 1 prescription of Percocet 10/325 #90 with 3 refills. Reports show the patient has been taking this medication since at least 12/03/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The provider states that the patient has been prescribed opiate containing medications to hopefully relieve chronic and intractable pain and increase the ability to achieve a higher level of daily function. On 04/30/14 it is stated foot pain is relieved by use of massage, cold and pain medications. No pain scales are used in assessment, and no specific ADLs are mentioned no show a significant change of use with this medication. Opiate management issues are partially addressed. The reports provided document discussion with the patient regarding the use and side effects of the medication. The 05/30/14 report states a urine toxicology sample was obtained from the patient at that visit; however, no urine toxicology reports were provided or discussed. In this case, there

is not sufficient documentation of long-term opioid use per MTUS above. Therefore, recommendation is for denial.

1 manual muscle testing procedure: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Muscle Testing.

Decision rationale: The patient presents with pain of the left foot with radiation to the left lateral aspect of the foot and ankle pain. The provider requests for 1 manual muscle testing procedure. The 04/30/14 report states a Manual Muscle Testing Procedure was performed in the office utilizing objective strength assessment of the lower extremities during the visit. Dynamic muscle testing was done for the lower extremities. The test result was repeated with confirmation of visible effort and both results were within 10% of one another. MTUS and ACOEM do not address manual muscle testing. ODG guidelines Knee and Leg Chapter discuss only Computerized Muscle Testing. In this case, the provider does not discuss this request. It appears the request may be related to the Manual Muscle Testing Procedure that is included in the 04/30/14 treatment report cited above. Muscle testing and range of motion are part of what is routinely performed during office visitation and do not require separate billing or services. Recommendation is for denial of the requested procedure as a separate service apart from a normal physician visitation.