

Case Number:	CM14-0091663		
Date Assigned:	07/25/2014	Date of Injury:	02/20/2013
Decision Date:	10/20/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 and is licensed to practice in Nevada. 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 48 year-old female who was reportedly injured on 2/20/2013. The mechanism of injury is noted as occurring as the patient walked down steps. The most recent progress note dated 5/12/2014, indicates that there were ongoing complaints of left ankle and foot pain. The physical examination demonstrated left foot: diminished pain of the dorsal aspect of the left foot. Sensitive to percussion, paresthesia at the dorsal aspect of the left foot. Positive tenderness to palpation left third and fourth metatarsophalangeal joint. Medial slip of the left plantar fascia. Left posterior tibial tendon. Diagnostic imaging studies including an MRI the left foot, dated 3/27/2014, which reveals unremarkable examination. Previous treatment includes medications, custom orthotics, injections, chiropractic care, and conservative treatment. A request was made for infrared outpatient therapy and was not certified in the pre-authorization process on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Therapy Outpatient: 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), Low Back-Lumbar and Thoracic, Acute and Chronic, Infrared Therapy

Decision rationale: According to ODG guidelines infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care. After review the medical records provided it is noted the injured worker does have significant pain in the left ankle and foot, however, there is insufficient objective clinical trials and evidence-based medicine to support this request. Therefore, this request is deemed not medically necessary.