MAXIMUS Federal Services

Case Number:	CM14-0212617		
Date Assigned:	12/31/2014	Date of Injury:	02/13/2014
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 chronic low back, knee, and leg pain reportedly associated with an industrial injury of February 13, 2014. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for physical therapy, acupuncture, manipulative therapy, range of motion testing, MRI imaging of the lumbar spine, left foot, left knee and electrodiagnostic testing of the lower extremities. The claims administrator referenced an October 17, 2014 progress note, in its determination. The applicant's attorney subsequently appealed. The sole notes provided on appeal were a May 13, 2014 work status report, on which the applicant was reportedly returned to modified duty work owing to issues with foot wound and foot ulcer, and MRI imaging of left foot dated March 7, 2014, notable for extensive soft tissue swelling noted about the lateral aspect of the foot. Posttraumatic changes involving the tarsal bones were also evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/WK for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG, Low Back, Knee & Ankle, and Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical MedicineFunctional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 8 to 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 8- to 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation, it is further noted, is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, no clinical progress notes were attached to the applicant's independent medical review. The October 17, 2014 progress note in which the claims administrator invoked in its rationale was not incorporated into independent medical review packet. The information, which was/is on file, furthermore, failed to outline a compelling case for such a lengthy, protracted course of treatment. Therefore, the request was not medically necessary.

Chiropractic 1X/wk for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Manipulation Page(s): 58.

Decision rationale: The request for four to six sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. Based on the documentation on file, the applicant's primary pain generator is, in fact, the foot, a body part for which chiropractic manipulative therapy is deemed "not recommended," per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's progress notes and documentation did not include any compelling applicant-specific information or rationale, which would offset the unfavorable MTUS position on the article at issue. As noted previously, the October 17, 2014 progress note made available to the claims administrator was not incorporated into the independent medical review packet. Therefore, the request was not medically necessary.

Acupuncture 2x/wk for 4-6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 to 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. As noted in the Acupuncture Medical Treatment Guidelines in the MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six" treatments. Here, thus, the request for 8 to 12 sessions of acupuncture, in and of itself, represents treatment well in excess of MTUS parameters. No, rationale for such treatment was provided. Again, the October 17, 2014 progress note made available to claims administrator was not incorporated into the independent medical review packet. Therefore, the request was not medically necessary.

ROM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 293; 365-366.

Decision rationale: The request for formal [computerized] range of motion testing was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, pages 365 and 366, range of motion of the foot and ankle should returned both actively and passively. By implication, ACOEM does not support more formal computerized range of motion testing, as was/is being sought here. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 293, also notes that range of motion measurement of the low back, another body part reportedly implicating the injury, are of "limited value." Here, the attending provider did not furnish any compelling applicant-specific rationale, which would offset the unfavorable ACOEM positions on the article at issue. The October 17, 2014 progress note on which the article in question was requested was not, as noted previously, incorporated into the independent medical review packet. Therefore, the request was not medically necessary.

MRIs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 304; TABLE 13-2, PAGE 335; 374.

Decision rationale: Similarly, the request for MRIs of the foot, ankle, and knee are likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnosis is being evaluated. Here, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving any of the body parts at issue based on the outcome of the proposed

MRIs. The fact that multiple MRI studies significantly reduced the likelihood of the applicant acting on the results of any one particular study and/or would consider surgical intervention based on the outcome of the same. Therefore, the proposed lumbar MRI component of the request is not indicated. Similarly, the ankle MRI component of the request is likewise not medically necessary. While the MTUS Guideline in ACOEM Chapter 14, page 374, does acknowledge that MRI imaging may be helpful to clarify diagnosis osteochondritis dissecans in cases of delayed recovery, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The October 17, 2014 progress note on which the article in question was sought, was not incorporated into the independent medical review packet. The information which was on file, however, seemingly suggested that the applicant already had known diagnoses of contusions of the tarsal bones and/or open wound of the foot. It was not clear why MRI imaging of the foot/ankle was, thus, sought in the clinical context present here. Therefore, the ankle/foot MRI component of the request is not indicated. Finally, the proposed knee MRI component of the request is likewise not indicated. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 235, does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being contemplated. Here, however, there was neither an explicitly statement (nor an implicit expectation) that the applicant would act on the results of the proposed knee MRI and/or consider surgical intervention based on the outcome of the same. The fact that three different MRI imaging studies were concurrently sought significantly reduced the likelihood that the applicant is acting on the results of any one MRI and/or consider surgical intervention based on the outcome of the same. Again, however, it is acknowledged that the October 17, 2014 progress note on which the articles in question were requested was not, however, incorporated into the independent medical review packet. Since all of the MRIs are not indicated, the request is not medically necessary.

NCV-LE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-6, PAGE 377.

Decision rationale: Finally, the proposed nerve conduction testing of the bilateral lower extremities is likewise not medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies are deemed "not recommended" for routine foot and ankle problems without clinical evidence or tarsal tunnel syndrome or other entrapments neuropathies. Here, there was/is no mention of the applicants having any issues with tarsal tunnel syndrome, entrapment neuropathy, etc. There was no mention of the applicant's having issues with diabetic neuropathy, generalized peripheral neuropathy, etc., which would compel the testing at issue. Again, the October 17, 2014, progress note on which the article in question was not sought into the independent medical review packet. The information, which was/is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.