

Case Number:	CM14-0213234		
Date Assigned:	12/30/2014	Date of Injury:	11/09/1993
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 66-year-old female with date of injury of 11/09/1993. The listed diagnoses from 10/20/2014 are: 1. Hind foot pronation. 2 Arthralgia of hind foot. 3. Capsulitis of hind foot. Ankle arthritis. 5. Fibrosis of subtalar joint.

According to the 11/21/2014 report, the patient complains of bilateral hand, low back, right knee and left ankle pain. She describes her back pain as aching, burning, stabbing and throbbing, which radiates to the right and left leg. The patient also reports chronic knee pain that is gradually worsening over time. She reports ankle pain and locking and numbness. The patient also reports bilateral hand pain, which worsens with repetitive movement. Examination shows gait and station reveal mid-position without abnormalities. Muscle strength is 5-/5. There is increased weakness of the upper extremity muscles at 4/5. Instability and crepitation with the right knee. She continues to use a stabilizing brace. Left ankle shows instability for which she wears a lace-up brace. She has intermittent weakness and numbness in both hands that increases with activity. Lumbar spine pain in the paraspinous muscles radiates to the buttocks. Transient symptoms of radiculopathy were noted in her lower extremities. C6 and C8 dermatome demonstrate decreased light touch sensation bilaterally. Substantial secondary myofascial pain in the cervical and lumbar spine point to tenderness and triggering. Knee shows buckling, instability and laxity. She has an antalgic gait and tilt, which are fairly significant. Treatment reports from 10/29/2013 to 12/22/2014 were provided for review. The utilization review denied the request on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist guards neoprene: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 285. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Forearm, Wrist & Hand Procedures Summary last updated 11/13/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: This patient presents of bilateral hand, low back, right knee and left ankle pain. The treater is requesting Wrist Guards Neoprene. The ACOEM Guidelines page 265 states, When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, may be used during the day, depending upon activity. In this case, the treater does not explain why the patient would need a wrist brace. While the patient reports bilateral hand pain, this patient does not present with a positive carpal tunnel syndrome to warrant wrist guards. The request is not medically necessary.

Orthotic shoes: 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) - Treatment in Workers' Compensation (TWC), Ankle & Foot Procedure Summary last updated 10/29/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter on orthotic

Decision rationale: This patient presents of bilateral hand, low back, right knee and left ankle pain. The treater is requesting Orthotic Shoes. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under ankle and foot chapter on orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel-spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom-made orthosis in people who stand for more than eight hours per day. The 11/21/2014 report notes left foot hallux valgus deformity and prominent plantar calcaneal spur. The patient does not have a diagnosis of plantar fasciitis. In this case, the patient does not meet the required criteria by ODG for orthotic devices. The request is not medically necessary.

Ankle Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Ankle & Foot Procedure Summary last updated 10/29/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter on bracing

Decision rationale: This patient presents of bilateral hand, low back, right knee and left ankle pain. The treater is requesting an Ankle Brace. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the ankle and foot chapter on bracing (immobilization) states, Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with an active and/or passive therapy to achieve optimal function. The 11/21/2014 report shows that the patient has left ankle instability for which she wears a laceup brace. Bilateral ankles show spurring of the medial and lateral malleoli. In this case, the patient does present with ankle instability, and the guidelines support its use. The request is medically necessary.

X-ray of cervical spine flexion and extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 chapter on the flexion/extension imaging studies

Decision rationale: This patient presents of bilateral hand, low back, right knee and left ankle pain. The treater is requesting an X-ray of the cervical spine flexion and extension. The MTUS and ACOEM Guidelines do not address this request; however, ODG directs to the low back chapter on the flexion/extension imaging studies states, Not recommended as primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. For spinal instability, maybe criteria prior to fusion, for example, in evaluating symptomatic spondylolisthesis when there is consideration for surgery. The treater is requesting a flexion/extension x-ray of the cervical spine due to the patients increasingly severe neuropathic pain. The MRI of the cervical spine showed right-sided suspected C5-C6 disk abnormality. Cervical curvature is less lordotic with more straightening than usually seen. All the disk spaces show degenerative loss of signal, both right and left-sided. C5-C6 and C6-C7 have reduced disk space height signal. C5-C6 show a 2-mm herniation with associated end-plate osteoarthritic bridging indenting the sac with anterior cord contact along with cord flattening and indentation more on the right of midline. The records do not show any previous x-rays of the cervical spine

flexion and extension. In this case, there is no evidence of spondylolisthesis to consider flexion and extension views of the cervical spine. The request is not medically necessary.

Gym membership for 8 months with pool access: 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) - Treatment in Workers' Compensation (TWC), Ankle & Foot Procedure Summary last updated 10/29/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46.

Decision rationale: This patient presents of bilateral hand, low back, right knee and left ankle pain. The treater is requesting gym membership for 8 months with pool access. The MTUS Guidelines recommends exercise but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. ODG Guidelines do not recommend gym memberships as medical treatments. They are not recommended as a prescription unless a documented home exercise program with periodic assessment and revisions have not been effective; there is a need for equipment; and treatment needs to be monitored and administered by medical professionals. The records do not show any previous request for gym memberships. The 11/21/2014 report shows left ankle stability and instability and crepitation with the right knee. In this case, while a 6 month gym membership with pool access is supported by the guidelines given the patients instability issue, the current request for an 8 month gym membership with pool access is not supported by the guidelines. The request is not medically necessary.

Norco 5/325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids; medication for chronic pain Page(s): 88 & 89, 76-78; 60-61.

Decision rationale: This patient presents of bilateral hand, low back, right knee and left ankle pain. The treater is requesting Norco 5/325 mg Quantity 60. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Norco prior to 11/21/2014. The treater notes that the patients current pain is at 2/10 to 3/10. While the treater notes the patients current pain level, there is no documentation of before-and-after pain scales. There are no

specifics regarding ADLs and no side effects were reported. The urine drug screen from 10/24/2014 showed consistent results with prescribed medications. Given the lack of sufficient documentation showing medication efficacy, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.