

Case Number:	CM14-0216824		
Date Assigned:	01/21/2015	Date of Injury:	05/29/2009
Decision Date:	03/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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: Orthopedic Surgery, Sports 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 injured worker is a 70-year-old female who reported an injury on 05/29/2009. Her mechanism of injury was not included. Her diagnoses included thoracic spine strain, lumbar spine disc bulge, status post right wrist/hand surgery, left wrist carpal tunnel syndrome, right knee internal derangement, left knee strain, left ankle/foot strain. Her past treatments were not included. Her diagnostic studies have included a right knee MRI, and a left wrist MRI. Her surgical history included right wrist/hand surgery on 07/09/2012. The progress report dated 11/12/2014 indicated the injured worker had complaint of pain to her upper and lower back, right wrist/hand, left wrist, right leg, left knee/leg/ankle. Her physical exam findings indicated light touch sensation to left mid anterior thigh, left lateral calf, left lateral ankle. Her medications were not included. Her treatment plan was not included. The rationale for the request included the seat adjuster is not working on her orthotic chair. The Request for Authorization form is signed and dated 11/12/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the Lumbar Spine, R/L wrist, L ankle, R/L Knee, and Thoracic Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic for the lumbar spine, R/L wrist, L ankle, R/L knee, and thoracic spine is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manual therapy and manipulation is not recommended for the wrist, ankle, or knee. There is no indication in the medical record how many visits of chiropractic care the injured worker may have already received. There is a lack of documentation regarding decreased range of motion or motor strength. If the injured worker received manual therapy to the same body part, how many visits did she participate in were there objective functional improvement with those visits. Given the lack of documentation, and the guidelines not recommending chiropractic care in the wrist, ankle or knee, the request is not medically necessary.

Acupuncture for the Lumbar Spine, R/L Wrist, L Ankle, R/L Knee, and Thoracic Spine:
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 acupuncture for the lumbar spine, R/L wrist, L ankle, R/L knee, and thoracic spine is not medically necessary. The California MTUS Acupuncture Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines indicate that the time to produce functional improvement would be between 3 and 6 treatments, the frequency for those treatments should be 1 to 3 times per week, and the duration should be 1 to 2 months. The treatments may be extended if functional improvement is documented. There is a lack of documentation regarding current functional deficits, including range of motion and motor strength. There is also a lack of documentation regarding previous acupuncture treatments and how many visits the injured worker participated in and what body part or condition were they ordered for. There is a lack of documentation of objective functional improvement from those visits. Therefore, the request for acupuncture for the lumbar spine, right and left wrist, left ankle, right and left knee, and thoracic spine is not medically necessary.

R/L Insoles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Orthotic devices.

Decision rationale: The request for R/L insoles is not medically necessary. The Official Disability Guidelines state that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). There is a lack of documentation regarding those diagnoses in the medical record. Therefore, the request for R/L insoles is not medically necessary.

Left Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Bracing (immobilization).

Decision rationale: The request for left ankle brace is not medically necessary. The Official Disability Guidelines state that bracing is not recommended in the absence of an unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. There is a lack of documentation of recent ankle sprain, partial weight bearing, or the injured worker having a clearly unstable joint. Therefore, the request for left ankle brace is not medically necessary.

Foot Specialist Initial Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The request for foot specialist initial consultation is not medically necessary. The California MTUS Guidelines state that the physician begins with an assessment of the presenting complaint and a determination as to whether there is a red flag for a potentially serious condition which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a special test/evaluation is necessary. If the patient continues to have pain that persists beyond the anticipated time of healing, without plans

for curative treatment, such as surgical options, the chronic pain medical treatment guidelines apply. The documentation provided does not include any red flag for a potentially serious condition, or indications for the need of surgery. Therefore, the request for foot specialist initial consultation is not medically necessary.

Replacement Orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Orthotic devices.

Decision rationale: The request for replacement orthotic is not medically necessary. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. The documentation provided does not indicate the patient has an orthotic in use at this time. Nor does it indicate how long the injured worker may have had this orthotic. The documentation submitted for review does not indicate a rationale as to why she would need an orthotic device. Therefore, the request for replacement orthotic is not medically necessary.

Replacement Ergonomic Chair with Back Support: Upheld

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) Low Back, Ergonomics interventions.

Decision rationale: The request for replacement ergonomic chair with back support is not medically necessary. The Official Disability Guidelines state that ergonomic interventions are recommended as an option as part of a return to work program for injured workers. There is conflicting evidence for prevention, so case by case recommendations are necessary. This study concluded there was no good quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of low back pain. The documentation submitted for review does not indicate whether the patient has returned to work, what kind of work she is doing, and if an ergonomic evaluation of her workplace has been done. Therefore, the request for replacement ergonomic chair with back support is not medically necessary.