

Case Number:	CM14-0217709		
Date Assigned:	01/07/2015	Date of Injury:	07/21/2009
Decision Date:	03/05/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	12/29/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old female who sustained a work related injury on July 21, 2009. The mechanism of injury was not provided. A physicians report dated September 9, 2014 notes that the injured worker had left knee, leg, foot and ankle pain. Sensation in the left lower extremity was intact. The injured worker was using an open patella knee brace on the left knee. A current physicians report dated December 16, 2014 notes that the injured worker reported left foot, heel and bottom of the foot pain. The left foot pain was noted to be getting progressively worse. Physical examination revealed the injured worker had a left knee band in place. Sensation in the injured workers left mid-anterior thigh, left mid lateral calf and lateral ankle was intact. The treating physician requested a left knee brace (no metal knee brace), shockwave therapy to the left ankle and foot and a follow-up examination with a pain management specialist for the left knee and foot pain. Utilization Review evaluated and denied the requests on December 29, 2014. Regarding the left knee brace, there is limited documentation of objective and functional deficits in the left knee to support the request. It is unclear why the injured worker needs a left knee brace. Based on the MTUS, ACOEM Guidelines the medical necessity of the request was not established. Per Official Disability Guidelines shockwave therapy is indicated for planter fasciitis which has remained despite six months of standard treatment. This injured worker complained of left foot pain. Official Disability Guidelines do not support shockwave therapy for ankle and foot internal derangement. Therefore, the request is non-certified. In regards to the request for a follow-up evaluation with a pain management specialist, utilization review notes that there is limited documentation of objective and functional deficits

regarding the left foot and ankle to support the request. Based on the Official Disability Guidelines the medical necessity of the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace (no metal knee brace): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Knee & leg chapter, knee brace

Decision rationale: This patient presents with left knee strain and right ankle/foot internal derangement. The request is for left knee brace (no metal knee brace). MTUS/ACOEM Chapter 13, page 339-340, A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patients confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the patient diagnosed with left knee strain. However, there is no documentation of the patient's need for stressing the knee under load such as climbing ladders or carrying boxes. None of the reports show that the patient underwent surgical intervention with any of the diagnosis for which a knee brace would be warranted. The request IS NOT medically necessary-

Shockwave therapy (left ankle/foot): 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), Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ankle and foot chapter, extracorporeal shock wave therapy

Decision rationale: The patient presents with the left knee strain and right ankle/foot internal derangement. The request is for shockwave therapy to the left ankle/foot. ODG guideline ankle and foot chapter discuss extracorporeal shock wave therapy and states, not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. In this case, the patient complains of left foot pain but does not present with a diagnosis of plantar fasciitis for which this treatment may be indicated. The reports show diagnosis of ankle/foot

internal derangement. The request does not differentiate whether this is going to be a high energy or low energy ESWT either. The request IS NOT medically necessary.

Follow-up evaluation with pain management specialist (left knee/foot): 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), Evaluation and management (E&M) outpatient visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with the left knee strain and right ankle/foot internal derangement. The request is for follow-up evaluation with a pain management specialist for the left knee/foot. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient complains of chronic left foot pain. The guidelines generally allow and support specialty follow up evaluations for chronic pain conditions. The request IS medically necessary.