MAXIMUS Federal Services

Case Number:	CM14-0218795		
Date Assigned:	01/08/2015	Date of Injury:	04/24/2003
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
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:

The injured worker was a 57 year old female, injured on the job April 3, 2003. On December 19, 2014, the UR denied authorization for popliteal epidural nerve block by the pain management physical, removable modeled to the injured workers foot and physical therapy 2 times a week for 4 weeks. According to the progress note of June 26 2014, the injured worker wears an orthotic boot for activities that require prolonged walking or standing, allows for longer and faster walking. Also, the injured worker wears it on bad days for better support. The injured worker has had several ankle surgeries. The injured worker pain was chronic and takes Norco and Percocet for pain, Lidoderm patches do not work for the injured workers pain. The pain was located in the left lower extremity, hip to foot. Aggravating factors were any activity. The injured worker had an antalgic gait favoring the left. The injured worker used an assistive device for standing balance.The documentation was limited to a June 26, 2014 and January 12, 2015 progress notes.The popliteal epidural nerve block by the pain management physical due to the PR-2 was illegible and the rationale for the request was not documented. The removable modeled to the injured workers feet; there was no evidence to support the use of custom foot orthotics as a treatment for CRPS. The physical therapy 2 times a week for 4 weeks for the left foot was denied due to the ODG guidelines for Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute & Chronic): Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Popliteal/Epidural Nerve block by Pain Management doctor: 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 Knee & Leg Chapter

Decision rationale: The Official Disability Guidelines indicate a radiofrequency neurotomy of the genicular nerves of the knee is not recommended until higher quality studies with longer follow up periods are available. There was a lack of documentation indicating a necessity for an injection with an objective physical examination and with a physician request. Given the above and the lack of documentation of exceptional factors, the request for popliteal/epidural nerve block by pain management doctor is not medically necessary.

Durable Medical Equipment: removable foot molded to patient (L3000) both feet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that rigid orthotics may reduce pain experience during walking and reduce more global measures of pain and disability for injured workers with plantar fasciitis and metatarsalgia. The clinical documentation submitted for review failed to provide a rationale for the requested service. Given the above and the lack of documentation, the request for durable medical equipment: removable foot molded to patient (L3000) both feet is not medically necessary.

Physical Therapy 2 times a week for 4 weeks for left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation 2012 Official Disability Guidelines Treatment: Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute & Chronic): Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend therapy for myalgia, myositis and radiculitis for up to 10 sessions. The clinical documentation submitted for review indicated the injured worker had undergone multiple ankle surgeries, and as such, would have had postoperative therapy. There was a lack of documentation

of the quantity of sessions attended and the objective functional benefit received. Additionally, there was a lack of documentation of objective functional deficits to support the necessity for additional therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for physical therapy times a week for 4 weeks for left foot is not medically necessary.