

Case Number:	CM14-0057074		
Date Assigned:	07/09/2014	Date of Injury:	06/08/2009
Decision Date:	06/16/2015	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/28/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 66-year-old male, who sustained an industrial injury on 6/8/09. He has reported initial complaints of right ankle pain that radiates to the right knee after falling 8 feet through a floor and landing in a standing position. The diagnoses have included lumbar strain, lumbar spondylosis, right medial malleolar fracture-healed with chronic pain and sleep disorder. Treatment to date has included medications, diagnostics, activity modifications, lumbar surgery 6/19/13, Interferential Unit (IF), 18 sessions of chiropractic, 32 physical therapy sessions and 5 sessions of acupuncture. Currently, as per the physician progress note dated 3/3/14, the injured worker complains of constant pain in the low back especially with any activity. He also complains of moderate pain in the right ankle and ambulates with a limp. He states that the medications have been providing him with temporary relief of symptoms and chiropractic treatment is not helping and his condition has remained unchanged. The objective findings reveal the right ankle has swelling on the joint with tenderness over the medial malleolus area. The range of motion reveals dorsiflexion of 15 degrees, plantar flexion of 30 degrees, eversion of 15 degrees, and inversion of 15 degrees with complaints of pain in all planes. The lumbar spine exam reveals tenderness to palpation with spasm, decreased range of motion and straight leg test is 70 degrees on the right. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the right ankle dated 10/19/12 reveals old healed fracture of the medial malleolus, degenerative changes, soft tissue edema, and no significant changes compared to exam dated 12/20/11. The computerized axial tomography (CT scan) of the lumbar spine dated

10/19/12 reveals mild scoliosis, bilateral pars defects, disc space narrowing, anterior spur, disc protrusion, neural foraminal narrowing, facet degenerative changes, vacuum disc phenomenon, posterior disc bulge, and degenerative changes of the sacroiliac joints. The current medications included Omeprazole, Mobic and Fosamax. The work status is to remain off work until 4/7/14. The physician requested treatments included one diagnostic testing CBC with ESR, arthritis panel, liver function test, computerized axial tomography (CT scan) of the right ankle and 8 aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy (8-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. MD Guidelines similarly states that if the patient has subacute or chronic LBP, meets criteria for a referral for supervised exercise therapy, and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report severe degenerative joint disease. Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient has had previous aqua therapy without functional improvement and the request for 8 visits is in excess of guidelines. As such, the current request is not medically necessary.

Diagnostic Testing: CBC with ESR, Arthritis Panel, and Liver Function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preventative services for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Sep. 96 p.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done. ACOEM additionally states concerning ankle injuries "Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended" while the treating physician has met the guidelines to get a CBC and liver function test due to chronic NSAID therapy. There is no other clinical suspicion that he has an autoimmune disease or that the patient has a septic joint. Thus the ESR and arthritis panel are not justified. Therefore, the request is not medically necessary.

CT Scan of the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Computed tomography (CT).

Decision rationale: ACOEM States For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. The ODG recommends CT scans. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. The patient had a previous CT in 2012 and the treating physician did not document a concern for a bone mass. The treating physician has

not detailed a new injury, re-injury, a significant change in physical exam findings or evidence of red flag symptoms. As such, the request is not medically necessary at this time.