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| Case Number: | CM15-0019217 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 08/30/2013 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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: Chiropractor, Oriental 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 37 year old male, who sustained an industrial injury on 8/30/2013 when he fell from a ladder. The diagnoses have included fracture of right calcaneus, tendinitis, bursitis and capsulitis of the right foot, lumbar disc displacement without myelopathy and anxiety. Treatment to date has included casting of right foot, conservative treatment, and pain medications. According to the initial evaluation and report and request for authorization dated 12/10/2014, the injured worker complained of slight to moderate pain to his lumbar spine that was described as aching. He complained of constant moderate to severe pain in the right ankle and foot that was described as throbbing. Lumbar spine exam revealed tenderness and spasm to the bilateral lumbar paraspinal muscles. Active range of motion was painful. Ankle and foot exam revealed spasm and tenderness to the right anterior heel, right lateral malleolus and plantar fascia. Ankle range of motion was painful. Work status was temporarily totally disabled. Authorization was requested for six visits of acupuncture, myofascial release, E-stim, infrared and diathermy. On 1/30/2015, Utilization Review (UR) non-certified a request for Manual and Myofascial Release, E-Stim and Infrared and Diathermy. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited. Six electrical acupuncture sessions were authorized on 1/30/2015. Per a Pr-2 dated 1/15/2015, the claimant has increased walking and standing for approximately an hour with less pain. The claimant completed the six sessions of electroacupuncture that were authorized on 12/26/2014. Per a PR-2 dated 1/19/2015,

the claimant has completed 6/12 acupuncture treatments. He has had functional improvement of being able to walk for 90 minutes and decreased pain from 4/10 to 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manual and Myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, manual therapy is not recommended for the ankle. Also massage therapy is a passive treatment and treatment dependence should be avoided. This treatment should also be an adjunct to another therapy. AECOM guidelines state that physical modalities such as massage, diathermy, and electrical stimulation have no scientifically proven efficacy for treating ankle and foot injuries. Therefore massage is not medically necessary.

E-stim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-114.

Decision rationale: According to evidenced based guidelines, electrical therapy is not recommended as a an isolated intervention. Also the claimant has recently received six visits of electro-acupuncture and has six more electro-acupuncture visits approved. Further electrotherapy is redundant. AECOM guidelines state that physical modalities such as massage, diathermy, and electrical stimulation have no scientifically proven efficacy for treating ankle and foot injuries. Therefore electrical stimulation is not medically necessary.

Infrared and Diathermy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary

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

Decision rationale: According to evidenced based guidelines, self application of heat are as effective as application of heat by a therapist. Application of heat therapy is under study. Studies show that ice work better than heat for the ankle and diathermy is not recommended. AECOM guidelines state that physical modalities such as massage, diathermy, and electrical stimulation have no scientifically proven efficacy for treating ankle and foot injuries. Therefore infrared and diathermy is not medically necessary.