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| Case Number: | CM15-0113757 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 06/10/2001 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/12/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 76-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 10, 2001. In a Utilization Review report dated May 27, 2015, the claims administrator partially approved requests for 18 sessions of aquatic therapy as eight sessions of the same while denying trigger point injections and conditionally denying a topical compounded cream. The claims administrator referenced an RFA form received on May 6, 2015 and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In a handwritten letter dated June 12, 2015, the applicant apparently personally joined the appeal, reiterating her request for the topical compounded cream and trigger point injections. The applicant stated that she preferred aquatic therapy to manipulative therapy, stating that she could not handle the same. The applicant stated that sleeping remained problematic. The applicant did not state whether or not she was working. The applicant stated that she had had four previous trigger point injections which she contended were beneficial. The applicant seemingly stated that she was using Valium initially. The applicant did not clearly describe her gait, however. In a May 6, 2015 progress note, the applicant reported ongoing complaints of foot and ankle pain. The applicant was 75 years old, it was reported. The applicant was described as having neuropathic pain complaints which did not meet criteria for CRPS, per the treating provider. The applicant's BMI was 19. The applicant was described as exhibiting a "normal gait." Some tenderness about the ankle was appreciated with decreased range of motion also noted about the same. Trigger point injections, topical compounded cream, and additional physical therapy were endorsed. The applicant's work

status was not detailed. Eighteen sessions of aquatic therapy were sought toward the top of the report, it was stated. The applicant was described as having derived temporary pain relief for approximately one week following earlier trigger point injections targeting the ankle. The applicant was given a primary operating diagnosis of right foot and right ankle neuropathy. The applicant's medication list included Valium, ophthalmic latanoprost, ophthalmic dorzolamide, niacin, aspirin, and Mevacor, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Aquatic therapy; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 8.

Decision rationale: No, the request for 18 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that weight bearing was, in fact, desirable. The May 6, 2015 progress note stated that the applicant exhibited a "normal gait." It was not clearly stated, thus, why aquatic therapy was being sought in favorable or conventional land-based therapy and/or land-based exercises. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's response to earlier aquatic therapy was not clearly described, detailed, and/or characterized. The applicant's work status, functional status, and other markers of functional improvement set forth in MTUS 9792.20e were not detailed as of the May 6, 2015 office visit at issue. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. It was not stated why aquatic therapy was sought in favor of land-based therapy in the face of the applicant's normal gait. Therefore, the request was not medically necessary.

Unknown Trigger Point Injections to the lateral and medial aspect of the Right Foot, under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Similarly, the request for trigger point injections to the foot under ultrasound guidance was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Here, however, the applicant did not apparently have myofascial pain complaints but, rather, was given an operating diagnosis of right foot neuropathy via the May 6, 2014 office visit at issue. It did not appear that the applicant had active myofascial pain complaints which the trigger point injections in question could have been considered. It is further noted that the request for trigger injections in fact represented a request for repeat trigger point injection therapy. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider himself acknowledged on May 6, 2015 that the previous trigger point injections had generated only fleeting relief for one week. It did not appear that the trigger point injections had curtailed the applicant's dependence on topical compounded agents. The applicant's work and functional status were not described on May 6, 2015. While it is certainly possible that the applicant have not have been working owing to age (75) as of the May 6, 2015 office visit in question, the attending provider nevertheless failed to outline evidence of meaningful, material, and/or substantive improvements in function in terms of parameters set forth in MTUS 9792.20e needed to justify pursuit of repeat trigger point injection therapy here via his May 6, 2015 progress note. Therefore, the request was not medically necessary.