Case Number:	CM15-0118568		
Date Assigned:	06/26/2015	Date of Injury:	03/20/2013
Decision Date:	08/19/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial injury on 3/20/13. She reported initial complaints of cumulative type trauma. The injured worker was diagnosed as having unspecified derangement of joint, shoulder region. The PR-2 notes dated 5/21/15 are partially hand written. They indicate the indicated the injured worker complained of right plantar fasciitis. There is a physical examination of the feet that is typed. The typed notes are indicating the peripheral vascular status was intact and the bilateral feet were warm to touch. On the neurological examination the provider notes the injured worker's pain generator is the right heel with the pain rated at a 6/10 on average and 9/10 at the worst. Frequency of this pain is documented as constant 100% of the time. Vibratory and sensory sensation are noted as intact with the Tinel's (Tarsal Tunnel Syndrome) noted as abnormal. Deep tendon reflexes for the bilateral knees (L3-L4) are 2+ bilaterally. The Achilles (S1) is marked 2+ bilaterally. Upper motor-neuron signs: Babinski (S1) and Clonus are negative bilaterally. Her straight leg raise bilaterally are negative. The provider documents, there is pain to palpation of the plantar aspect of the right foot, consistent to the medial calcaneal tubercle. Extension of the hallux, the great toe, (Windlass mechanism) exacerbates and intensifies the pain level. The plantar fascial is visibly taut and direct pressure to the middle of the plantar fascia induces pain. Proximal arch region is slightly indurated with soft tissue swelling that is slightly warm and erythematous. Direct palpation to this region also elicits a pain response. The arch of the right and left foot is not mildly depressed with weight-bearing. The right and left foot does/does not have a mild pronated deformity. The right and left foot has pain with weight-bearing. The provider has

"X'ed" out the next four paragraphs. He continues his typed documentation stating she is not able to walk on the balls or heels of the feet noting this is painful. Homan's sign, Thompson Test and Anterior drawer test are normal. The talar tilt inversion and eversion as well as the compression test and Morton's test are normal. The muscle strength testing to the lower extremities including those that affect the ankle and foot and toes were evaluated with measurements marked as 5/5 bilaterally. This note is note signed by the provider. There is another PR-2 dated 5/21/15 that is hand written but difficult to decipher. It indicates the injured worker complained of pain frequent to severe pain in the bilateral wrists. An MRI of the cervical spine (no date/no report) showed osteophyte complex and multiple disc bulges. The provider writes "to see podiatrist for cortisone injection". This provider is requesting authorization of Consult with a podiatrist one time; consult with psychiatrist one time; EMG/NCV study of the upper extremities and acupuncture 2-3 times a week for 6 weeks 12 visits for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult podiatrist one time: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, a referral to podiatry is made for chronic plantar fascia pain. Given that the worker still experiences chronic pain in the region, a consultation with a podiatrist is medically necessary.

Consult psych one time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391, 398.

Decision rationale: With regards to the request for psychiatry consultation, the ACOEM states the following: "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizo-phrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy." Within the documentation available for review, there is documentation that this worker has anxiety and insomnia. However, the recent notes do not clearly outline what treatment has been undertaken to date. The date of injury is remote, and the patient likely has had some psychiatric care, but if not, this point should be clearly documented. Given the lack of documentation, this request is not medically necessary.

Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCS of the upper extremities, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is a prior EMG study from September 2013. This demonstrated ulnar neuropathy (both motor and sensory) as well as mild carpal tunnel syndrome. It is unclear what new symptoms the patient is experiencing now that require repeat EMG at this juncture. The rationale for this is not provided. The currently requested EMG/NCS of upper extremity is not medically necessary.

Acupuncture 2-3 times 6, 12 visits, for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the case of this particular request (for 12 sessions), the number of requested sessions of acupuncture is in excess of that recommended by guidelines cited above. The guidelines specifically state that the time to produce functional improvement is within six treatments. The independent medical review process cannot modify requests. Therefore, this request is not medically necessary.