

Case Number:	CM15-0178872		
Date Assigned:	09/21/2015	Date of Injury:	11/16/2010
Decision Date:	11/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, Michigan

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:

This injured worker is a 67 year old female who reported an industrial injury on 11-16-2010. Her diagnoses, and or impressions, were noted to include: left foot pain. Recent magnetic imaging studies of the left foot were done on 4-20-2015. Her treatments were noted to include: a qualified medical examiners supplemental report on 3-30-2015; 24 physical therapy sessions for the left foot; medication management; and rest from work. The progress notes of 8-3-2015 were hand written and difficult to decipher, but reported complaints which included some left foot pain (illegible) with physical therapy. The objective findings were noted to include increased left foot range-of-motion with decreased tenderness and decreased swelling. The physician's requests for treatments were noted to include: chiropractic with massage for cervical spine to improve neck and shoulder symptoms; Soma; continue left foot therapy; and metatarsal pads for bilateral feet to help (illegible) improvement with physical therapy. The Request for Authorization, dated 8-6-2015, was noted to include: massage, 2 x 6 for cervical; continue physical therapy, 2 x 6 weeks for left foot; metatarsal pads for bilateral feet; and Soma 350 mg, #30. The Utilization Review of 8-18-2015 non-certified the requests for 12 cervical spine massages, an additional 12 physical therapy sessions for the left foot, bilateral metatarsal pads, and Soma 350 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage 2x6 (Cervical Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Per the MTUS Massage therapy is "recommended as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." A review of the injured workers medical records did not reveal extenuating circumstances that would warrant deviating from the guidelines. The request exceeds guideline recommendations, therefore the request for Massage 2x6 (Cervical Spine) is not medically necessary.

Continue PT 2x6 (Left Foot): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records do not reveal documentation of improvement in pain and function with prior physical therapy, without this information it is not possible to determine medical necessity for additional sessions, therefore the request for PT 2x6 (Left Foot) is not medically necessary.

Metatarsal Pads (Both Feet): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) / Orthotic devices.

Decision rationale: The MTUS did not address the use of metatarsal pads, therefore other guidelines were consulted. Per the ODG: Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be

cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (Pfeffer, 1999) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. A review of the injured workers medical records reveal ongoing foot pain that would benefit from the use of foot orthotics, therefore the request for Metatarsal Pads (Both Feet) is medically necessary.

Soma 350 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the MTUS, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Carisoprodol is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. A review of the injured workers medical records do not reveal extenuating circumstances that would necessitate deviating from the guidelines, therefore the request for Soma 350 MG #30 is not medically necessary.