

Case Number:	CM15-0025855		
Date Assigned:	02/18/2015	Date of Injury:	11/28/2009
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59-year-old female sustained an industrial injury on 11/28/09, with subsequent ongoing right foot pain. In a progress note dated 1/6/15, the injured worker complained of ongoing right foot pain with radiation to the right leg, rated 6/10 on the visual analog scale. Current diagnoses included chronic neuropathic/phantom right foot pain and chronic pain due to trauma. The treatment plan included electrical scooter, electrical pads for the use of transcutaneous electrical nerve stimulator unit, chiropractic therapy for stretching of ankle and forefoot and continuing MS Contin. The physician noted that the injured worker could not use her transcutaneous electrical nerve stimulator unit without electrical pads. On 1/16/15, Utilization Review noncertified a request for chiropractic manipulation to ankle forefoot and thoracic and electrical pads for tens unit, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation to ankle forefoot and thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion". Based on the progress report dated January 6, 2015, there was no functional limitations noted and there were no functional deficits documented that could not be addressed with home exercise program. Therefore, the request for Chiropractic manipulation to ankle forefoot and thoracic is not medically necessary.

Electrical pads for tens unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about the patient using her TENS unit, how often the unit is used, and what is the outcomes in terms of pain relief and functional improvement. Therefore, the prescription of Electrical pads for tens unit is not medically necessary.