

Case Number:	CM15-0076540		
Date Assigned:	05/28/2015	Date of Injury:	07/10/2014
Decision Date:	07/02/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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: Family Practice

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 42 year old male who reported an industrial injury on 7/10/2014. His diagnoses, and/or impressions, are noted to include: lumbar sprain/strain, myospasm and radiculopathy; left Achilles tendinitis; and left ankle sprain/strain and tenosynovitis. Recent magnetic imaging studies of the left ankle were stated to have been done on 9/11/2014 and lumbar spine on 1/2/2015. His treatments have included physical therapy with chiropractic treatments and multiple treatment modalities; and rest from work. The progress notes of 2/6/2015 noted complaints of constant, moderate burning low back pain that radiated into the buttock, aggravated by activity; and constant, moderate and severe burning pain in the left ankle that radiated into the leg, aggravated by activity. The objective findings were noted to include tenderness to the Achilles tendon, anterior ankle, lateral malleolus, medial malleolus and plantar heel; and painful, decreased range-of-motion with anterior drawer that causes pain; painful, decreased range-of-motion with tenderness in the left sacro-iliac joint and para-vertebral muscles, spasms of the bilateral gluteus and lumbar para-vertebral muscles, Kemp's test causing pain on the left, and positive left straight leg raise. The physician's requests for treatments were noted to include a podiatrist referral for low back and left ankle pain, and custom orthotics to correct altered bio-mechanics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot Chapter, Orthotic Devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints page(s): 376-377.

Decision rationale: This patient receives treatment for chronic low back pain, L Achilles tendonitis, and L ankle pain and strain. This relates to an industrial injury dated 07/10/2104. The patient received physical therapy and chiropractic treatments. The documentation states that the patient has low back pain that radiates to the lower extremities and L ankle pain that radiates proximally. This review addresses a request for custom orthotics. The Treatment guidelines recommend semi-rigid orthotics to treat plantar fasciitis. The documentation does not name this diagnosis as the reason, but instead states that the reason for the orthotics is to treat low back pain. Custom orthotics are not medically necessary.

Referral to Podiatrist for Pain in the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management page(s): 92. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: This patient receives treatment for chronic low back pain, L Achilles tendonitis, and L ankle pain and strain. This relates to an industrial injury dated 07/10/2104. The patient received physical therapy and chiropractic treatments. The documentation he documentation states that the patient has low back pain that radiates to the lower extremities and L ankle pain that radiates proximally. This review addresses a request for a referral to a podiatrist for L ankle pain. The documentation shows that the patient received care for the L ankle by an orthopedist in October 2014. Plain film x-ray examination did not show pathology. An MRI may have been performed, but these records were not included. The patient walked with the help of a Litefoot walker and the documentation said that this controlled the pain. The basis for requesting a podiatric consultation is not clear in the documentation and is not medically necessary.

Physical therapy x6 visits for the Left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page(s): 98-99.

Decision rationale: This patient receives treatment for chronic low back pain, L Achilles tendinitis, and L ankle pain and strain. This relates to an industrial injury dated 07/10/2104. The patient received physical therapy and chiropractic treatments. The documentation he documentation states that the patient has low back pain that radiates to the lower extremities and L ankle pain that radiates proximally. This review addresses a request for physical therapy for the L ankle. The patient received treatment for the L ankle pain in the Fall of 2014. The documentation states that patient received physical therapy previously; however, the response to physical therapy is not documented. Physical therapy is considered passive therapy. It should gradually be replaced by active home therapy. Given the lack of documentation of the previous PT session, the request for additional PT is not medically necessary.

IF unit x5 months Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) page(s): 118-120.

Decision rationale: This patient receives treatment for chronic low back pain, L Achilles tendinitis, and L ankle pain and strain. This relates to an industrial injury dated 07/10/2104. The patient received physical therapy and chiropractic treatments. The documentation he documentation states that the patient has low back pain that radiates to the lower extremities and L ankle pain that radiates proximally. This review addresses a request for an IF unit for a 5 month rental. The treatment guidelines do not recommend this form of treatment as an isolated form of therapy. Well-designed trials that show a clear advantage for ICS over other, more traditional treatments, do not exist. In addition, the documentation does not make precisely clear what medical syndrome is to be treated with ICS. An ICS rental is not medically necessary.