MAXIMUS Federal Services

Case Number:	CM15-0093470		
Date Assigned:	05/19/2015	Date of Injury:	04/05/2014
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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 York
Certification(s)/Specialty: Emergency 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 injured worker is a 49 year old female, who sustained an industrial injury on April 5, 2014. She reported running across the street, twisting her ankle and falling with a foot bone fracture and left ankle sprain/strain with left knee and back injuries. The injured worker was diagnosed as having patellofemoral syndrome left knee/chondromalacia patella femoral joint status post anterior knee contusion, rule out medial meniscus tear, status post left fifth metatarsal fracture healed with no residuals, status post left ankle sprain/bone contusion, and lumbago. Treatment to date has included physical therapy, x-rays, casting, and medication. On January 21, 2015, the injured worker complains of central and left side low back pain, left anterior knee pain, and left lateral ankle pain. The single submitted Treating Physician's report dated January 21, 2015, noted the injured worker rated her back pain as a 6-8/10, her left knee a 7/10, and her left foot/ankle an 8-9/10. The injured worker's medication was listed as Naproxen. The physical examination was noted to show tenderness to palpation of the bilateral SI joint area, and of the medial facet left patella, lateral facet left patella, and medial joint line. The treatment plan was noted to include a home exercise program instructed by physical therapy, left knee MRI/x-rays, and an anti-inflammatory with less gastrointestinal (GI) side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound with possible injection left foot/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot - Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle-Ultrasound, diagnostic.

Decision rationale: CA MTUS is silent on this topic. According to the above reference, ankle ultrasound is recommended under very specific criteria. These indications include: chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected: and chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Documentation supports the IW had chronic ankle pain with numbness, there is no description of paresthesia on plantar surface, pain in the web spacing, or suspicion of Morton's neuroma. Additionally, guidelines states utlrasound guidance for injections is not recommended. As such, the request for a diagnostic ultrasound with possible injection of the left foot/ankle is not medically necessary.

Lumbar sympathetic block bilateral low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block & lumbar sympathetic block) Page(s): 39-40, 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks)lumbar sympathetic block Page(s): 55-56, 57-58.

Decision rationale: Ca MTUS guidelines states that intraveous regional sympathetic blocks are "Not recommended, except as indicated below when other treatments are contraindicated." Specifically, for lumbar sympathetic blocks, guidelines state they are "useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II." The IW does have a diagnosis of chronic regional pain syndrome. Without supporting documentation of this syndrome, the request for lumbar sympathetic block is not medically necessary.

Medical clearance: H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cigna.com/assets/docs/health-care-professionalscoverage_positionsph_1211_coveragepositionscriteria_jakafi.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: CA MTUS is silent on this topic. ODG discusses pre-operative testing and medical clearance. According to ODG, "preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." The IW does not have any medical diagnoses, conditions, or complaints other than those related to orthopedic considerations documented in the chart. The reviewed documents do not support medical conditions that would elevate this IW surgical risk and therefore there are no indications to support an independent premedical clearance examination and testing. The request is not medically necessary.

Medical clearance: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cigna.com/assets/docs/health-care-professionalscoverage_positionsph_1211_coveragepositionscriteria_jakafi.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Preoperative electrocardiogram.

Decision rationale: CA MTUS guidelines are silent on this topic. ODG guidelines recommend pre-operative electocardigrams for people undergoing high-risk surgery or those with medium risk surgery and other health risk factors. ODG further defines low risk procedures as those that are typically done in an ambulatory setting. The IW does not have any diagnoses documented other than those related to her orthopedic injuries. There are no documented cardiac history or other cardiac risk factors. The request for pre-operative electrocardiography is not medically necessary.

Medical clearance: Labs (CBC, CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cigna.com/assets/docs/health-care-professionalscoverage_positionsph_1211_coveragepositionscriteria_jakafi.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Preoperative lab testing.

Decision rationale: CA MTUS guidelines are silent on this topic. ODG guidelines recommend preoperative testing be guided by a person's "clinical history, comorbidities, and physical examination findings." With respect to a preoperative complete blood count, ODG guidelines recommend this test for patients undergoing procedures in which blood loss is anticipated or people with increased risk for anemia. With respect to coagulation studies, they are recommended for patients with a known bleeding diathesis or those taking anticoagulation medications. The IW does not have any known conditions to suggest anemia or coagulation disorders. The planned procedure is one of low risk for acute blood loss. As such, the request is not medically necessary.

H-wave unit for left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: According to CA MTUS, H wave therapy is not recommended as an isolated intervention. A trial may be considered for "chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The submitted documentation does not support the IW is currently participating in physical therapy or a home exercise program. There is no documentation of of TENS treatment. Without this supporting documentation or adjunct treatments, the request for an H-wave unit is not medically necessary.