MAXIMUS Federal Services

Case Number:	CM13-0009485		
Date Assigned:	09/12/2013	Date of Injury:	03/24/2010
Decision Date:	01/22/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/24/2010. Treating diagnoses include status post a left calcaneal fracture with open reduction and internal fixation in April, 2010, with left foot debridement April 2013 and also status post left subtalar arthrodesis of 07/21/2012. A treating physician's progress report (PR-2) of 07/02/2013 notes that with regard to the left foot and ankle the patient complained of continued pain and weakness with decreased range of motion and continued difficulty with activities of daily living. The patient was no longer using a moon boot. With regard to the left shoulder, the patient had on and off flare-ups of symptoms and was taking MS Contin. On exam, the patient had mild, diffuse swelling including tenderness to palpation over the lateral joint line and the calcaneus. The patient had a well-healed left ankle/foot. The treating physician requested treatment including Norco and MS Contin. The treating physician also recommended continued followup with other physicians and a psychiatric consultation and reviewed the results of a urine drug screen. A request for authorization for the treating physician of 07/02/2013 requested continued homecare assistance at a frequency of 4 hours per day, 7 days per week, for 6 weeks, referring to an attached report which again requests homecare assistance 4 hours per day, 7 days a week, for 6 weeks. An initial physician review in this case is not available in the file at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 home health care assistance between 7/2/2013 and 9/24/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7, Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records do not discuss the 4 domains of opioid management as recommended in the treatment guidelines. This is a complex case including fairly recent surgical treatment, and it is possible that this patient would benefit from opioid medication, but there is not sufficient information to support specific dosing or specific functional goals or specific functional benefit from this medication. Therefore at this time, this request is not medically necessary.

Prospective request for 1 left ankle brace placement between 7/2/2013 and 7/2/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: The ACOEM Guidelines, Chapter 14 Ankle, page 370, lists, "methods of symptom control for ankle and foot complaints." This table does not report the use of an ankle brace but rather recommends treatment include "specific foot and ankle exercises for range of motion and strengthening." There may well be indications for specific ankle bracing, particularly in a patient who has had surgery, as in this case. Such a prescription, though, would need to be specific as to the type of brace and the rationale for its use and the timing for it to be used in order to apply a guideline and to instruct a patient. Therefore, there is insufficient evidence at this time to support the medical necessity of an ankle brace. This request is not medically necessary.

Prospective request for 1 prescription of Norco 10/325mg, #60 between 7/2/2013 and 9/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records do not discuss the 4 domains of opioid management as recommended in the treatment guidelines. This is a complex case including fairly recent surgical treatment, and it is possible that this patient would benefit from opioid medication, but there is not sufficient information to support specific dosing or specific functional goals or specific functional benefit from this medication. Therefore at this time, this request is not medically necessary.