

Case Number:	CM13-0013883		
Date Assigned:	12/11/2013	Date of Injury:	02/24/2010
Decision Date:	03/13/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

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 Podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information this patient injured her left foot on 2-24-2010. She has been followed for her foot pain and undergone numerous visits of physical therapy. In July of 2013 the podiatrist advised that the physical therapist sent progress notes advising that the pt has improved by 50%. She has undergone about 16 PT visits. On 8-5-2013 pt was evaluated by her podiatrist for soreness and swelling to the dorsum of the left foot. Physical exam this day reveals tenderness over the metatarsophalangeal joints, most severe is the 5th. Edema is noted over the scar dorsum of left foot. The diagnoses include edema, synovitis, and paresthesia. Extended PT and topical pain and inflammation cream were recommended, but coverage was denied by the health plan. The diagnoses on the authorization treatment form are tendinitis, synovitis, and neuroma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Disability Guidelines, Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle, PT

Decision rationale: After consideration of the enclosed information and the MTUS guidelines on PT, it is my feeling that the request for extended PT 2x3 is not medically necessary or reasonable. The pt had undergone 16 visits of PT with limited success. The progress notes from the podiatrist do not really discuss the exact nature of the PT, nor the true effectiveness. The ODG guidelines state that 6 visits of PT are warranted initially, and then 9 more visits may be added. At this point the patient has exceeded that limit, and limited success has been noted by the physical therapist.

Topical compounded medication: Ketamine 10%/Bupivacaine 1%/Diclofenac 3%/Doxepin 3%/Gabapentin 6%/Orphenadrine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

Decision rationale: After Careful review of the MTUS guidelines for compounded topical medications, it is my feeling that the decision for topical compounded medication: Ketamine 10%/Bupivacaine 1%/Diclofenac 3%/Doxepin 3%/Gabapentin 6%/Orphenadrine 5% is not medically necessary or reasonable. The MTUS guidelines below describe the recommended usage of these compounded medications. Most importantly, if any of the medications in the compound cream are not recommended, then the whole cream is not recommended. Ketamine 10%/Bupivacaine 1%/Doxepin 3%/Gabapentin 6%/Orphenadrine 5% are all not recommended for for tendinitis/edema. Gabapentin is not recommended for any topical use.