

Case Number:	CM13-0019968		
Date Assigned:	01/03/2014	Date of Injury:	03/07/2011
Decision Date:	03/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/04/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 patient is a 35 year old male who reported an injury on 03/07/2011, secondary to a fall. The patient is currently diagnosed with right ankle fracture with osteochondral fracture of the talar dome and Achilles tendon tightness, as well as status postsurgical treatment including tendon Achilles lengthening. The patient was recently seen by [REDACTED] on 08/21/2013. Physical examination revealed a well-healed incision, mild swelling, improved ankle motion, and full range of motion of the contralateral ankle. The treatment recommendations included continuation of physical therapy for an additional 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of medication use, functional response and side effects should occur.

The patient has continuously utilized this medication. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. Therefore, the request is not medically necessary and appropriate.

Physical therapy 2xwk x4wks for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The patient has completed a previous course of physical therapy according to the medical records provided for review. Documentation of an objective measurable improvement was not provided. The patient has been instructed in a home exercise program and does report compliance. The medical necessity for ongoing treatment has not been established. As such, the request for Physical Therapy 2xweek x 4 weeks for the right ankle is not medically necessary and appropriate.