

Case Number:	CM13-0022510		
Date Assigned:	11/27/2013	Date of Injury:	01/02/2004
Decision Date:	01/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/10/2013

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 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 patient is a fifty two year old gentleman who was injured in a work related accident on 01/02/04 sustaining injury to the left lower extremity. Recent clinical assessment of 08/19/13 is a second report of an appeal by orthopedic physician [REDACTED] indicating ongoing complaints of pain about the left foot and ankle. It states that it has been ongoing since 2004 with pain and swelling. It states that he has a prior MRI report at initial course of care that demonstrated an osteochondral fracture. He recommends an MR arthrogram of the foot and ankle that was also suggested in January of 2013 to "rule out arthritis". He states that he feels that the claimant "requires an ankle surgery". However, specifics regarding surgical process or physical examination findings were not noted. He indicates that the claimant is currently utilizing a walker for the past several months due to his foot and ankle complaints and continues to be on narcotics. His previous clinical record of 07/16/13 showed limited objective findings with no pertinent positives and continued subjective complaints of foot and ankle pain. At present, there is no current documentation of prior ankle imaging for review, nor is there is demonstration of benefit with current use of narcotic analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging for the left ankle and amp;foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-83.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines ODG..

Decision rationale: Based on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and supported by Official Disability Guidelines criteria, Magnetic resonance imaging of the ankle in a repeat fashion is only recommended for symptoms reserved for significant changes or findings suggestive of significant pathology. While treating physician indicates the need for MRA scan of the foot and ankle due to continued pain, documentation in regard to specific objective findings dating back to time of injury of 10 years ago are not noted for review to support the acute need for further testing. While treating physician also indicates the need for possible surgical intervention, lack of documentation of potential surgical intervention or discussion as to why an acute surgical process would be indicated where no surgery has occurred in the past 10 years would be unclear based on the claimant's current clinical presentation and exam findings. This specific request in this case would not be indicated.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate in regard to continued opioid use that discontinuation should occur if there is no overall improvement in function unless extenuating circumstances. The records indicate the claimant has been on short acting narcotic analgesics for quite some time with a current diagnosis of foot and ankle pain dating back to a chronic injury of 10 years ago with no documentation of a positive pertinent findings or benefit with narcotic use at present. The continued role of this agent at this stage in the claimant's chronic course of care would not be indicated.