

Case Number:	CM13-0024594		
Date Assigned:	11/20/2013	Date of Injury:	08/31/2010
Decision Date:	02/13/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 California MTUS/ACOEM Guidelines state that referral for specialty care may be indicated if a patient's symptoms persist for more than 4 weeks. According to the clinical notes submitted, the patient's first recent documented complaint of unspecified ankle pain was on 08/27/2013. The clinical note dated 08/27/2013 was also the referral date to the orthopedist; this does not meet guideline recommendations of 4 weeks of persistent symptoms. The patient is known to have had a previous ankle surgery with hardware placement, and therefore, it is appropriate to obtain an x-ray of the ankles to determine if the hardware is loose or dislodged, before specialty referral is indicated. There were no subsequent notes after the 08/27/2013 note; therefore, it is unclear if the patient has had continued complaints of ankle symptoms. As such, the guidelines have not been met, and the request for an orthopedic consultation is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

orthopedic consultation: 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): s 361-362.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for specialty care may be indicated if a patient's symptoms persist for more than 4 weeks. According to the clinical notes submitted, the patient's first recent documented complaint of unspecified ankle pain was on 08/27/2013. The clinical note dated 08/27/2013 was also the referral date to the orthopedist; this does not meet guideline recommendations of 4 weeks of persistent symptoms. The patient is known to have had a previous ankle surgery with hardware placement, and therefore, it is appropriate to obtain an x-ray of the ankles to determine if the hardware is loose or dislodged, before specialty referral is indicated. There were no subsequent notes after the 08/27/2013 note; therefore, it is unclear if the patient has had continued complaints of ankle symptoms. As such, the guidelines have not been met, and the request for an orthopedic consultation is non-certified.

neurosurgical consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 169-172.

Decision rationale: The California MTUS/ACOEM Guidelines state that a consultation is indicated for patients whose physical examination and imaging results evidence a severe neurologic compromise. The medical records submitted for review do not provide evidence of any neurological compromise to include decreased sensation, decreased reflexes, or decreased muscle tone. Without objective findings that indicate the need for a neurosurgical consultation, it is not indicated at this time. As such, the request for a neurosurgical consultation is non-certified.

Rheumatology consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The California MTUS/ACOEM Guidelines state that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Guidelines also state that clinical reassessments with findings that are not consistent with the original injury may indicate the need for referral and/or more studies. However, there is no objective documentation included with the clinical notes submitted for review, indicating the patient has any rheumatological or autoimmune symptoms. Other than a subjective statement provided by the physician, there was no evidence to indicate that the patient has any other autoimmune symptoms. As such, the request is not supported and a decision for rheumatology consultation is non-certified.

Voltaren: 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 Topical Analgesics Section Page(s): s 111-112.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of topical NSAIDS to treat osteoarthritis. Voltaren gel 1%, in particular, is the only FDA approved NSAID for topical use to the ankles, elbows, feet, hands, knees, and wrists. The maximum dose should not exceed 32 grams per day (8 grams per joint per day in the upper extremity and 16 grams per joint per day in the lower extremity). As details of the request were not provided, such as percent formulation and directions for use, guideline compliance cannot be determined. As such, the request for Voltaren is non-certified.

Soma: 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 Section Page(s): s 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids to treat chronic pain. Assessments that must be performed at each clinical visit include: the patient's current pain level; the least amount of pain since the last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief to begin; and how long pain relief lasts. Guidelines also recommend that functional ability be measured at 6 month intervals using a numeric scale or validated instrument, and that medication compliance be monitored by using frequent urine drug screens. In the medical records submitted for review, there were no urine drug screens provided, nor was there discussion of them being performed; there were no pain levels addressed in their entirety; nor were there functional measurements provided. Without this information, medication efficacy cannot be determined. As such, the request for Soma is non-certified.