

Case Number:	CM13-0027660		
Date Assigned:	11/22/2013	Date of Injury:	11/17/2012
Decision Date:	06/13/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and 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 expert 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 reported a work-related injury on 11/17/2012, as a result of an inversion injury to the right ankle/foot. Subsequently, the patient presents for treatment of the following diagnoses: Right ankle fracture status post repair, specific date of procedure not stated. The clinical note dated 11/14/2013 reports the patient was seen at her primary treating physician for the injury, [REDACTED]. The provider documents upon physical exam of the patient, there was a well-healed scar above the right ankle. Range of motion of the right ankle was significantly reduced and there was a significant amount of swelling around the ankle and sensation was reduced. The provider documented request for the patient to follow-up with [REDACTED] for evaluation of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY SESSIONS: 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 Aqua Therapy Page(s): 22, 99.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient is status post a work-related injury of over a year's time. Surgical interventions were performed to the patient's right ankle indicative of an open reduction and internal fixation about the time of the injury. The clinical notes failed to document the patient's course of supervised therapeutic interventions, as far as frequency, duration, and efficacy of treatment. California MTUS indicates allowing for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Therefore, the request for 12 aquatic therapy sessions is not medically necessary and appropriate.

PRESCRIPTION OF NAPROSYN: 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 Nsaids (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 73.

Decision rationale: The current request is not supported. While the patient presents with significant right ankle pain status post a work-related injury sustained in 11/2012 as well as swelling, the current request cannot be supported, as the provider failed to document specifications of the naproxen prescription to include dose and frequency or total quantity. California MTUS indicates naproxen is in the drug class of NSAIDs which assist with pain and inflammation. Therefore, the request for Naprosyn is not medically necessary and appropriate.