

Case Number:	CM13-0037195		
Date Assigned:	12/13/2013	Date of Injury:	09/22/2012
Decision Date:	02/10/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation 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 55-year-old male who reported an injury on 09/22/2012. The patient is diagnosed as status post open reduction and internal fixation of the left tibia, malaligned fibula with impingement of the left ankle joint, degenerative joint disease of the left ankle, calcaneal fracture, and painful gait. The patient was seen by [REDACTED] on 09/30/2013. Physical examination revealed tenderness to palpation over the lateral tibial plateau, positive McMurray's testing, 2+ patellar grind testing, no ligamentous laxity, and 135 degree flexion with -10 degree extension. Treatment recommendations included an orthopedic consultation, continuation of Norco and Naprosyn, discontinuation of Condolite, and a CT scan of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condolite #90 with 1 refill (dispense generic unless written daw) PR2 08/07/2013: 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 Page(s): 50.

Decision rationale: California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option given the low risk in patients with moderate arthritis pain, especially

for knee osteoarthritis. As per the clinical notes submitted, the patient is currently diagnosed with left knee pain, rule out internal derangement, and status post left distal tibia fracture. The patient does not maintain a diagnosis of osteoarthritis of the knee. Furthermore, clinical note dated 09/30/2013 by [REDACTED] indicated that the patient was to discontinue Condolite. Therefore, the request is non-certified.

Norco 10/325mg #60 with 1 refill (dispense generic unless written daw) PR2 08/07/2013:
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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain in the left ankle and knee. The patient reported 6-7/10 pain with activity limitation. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Naprosyn 550mg #60 with 1 refill (dispense generic unless written daw) PR2 08/07/2013:
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 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommend for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain to the ankle and knee. There is no significant change in the patient's physical examination that would indicate functional improvement. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Internal Medicine Consult for hypertension: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 an agreement to a treatment plan. As per the clinical notes submitted, there is no documentation of chronic hypertension. There was no documentation of the patient's vital signs on the office visit with [REDACTED] dated 08/07/2013, where the provider requested an internal medicine consultation. There is also no evidence of a relation of hypertension to the patient's industrial injury. The medical necessity has not been established. Therefore, the request is non-certified.

Physical Therapy: 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 Page(s): 98-99.

Decision rationale: California MTUS 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. As per the clinical notes submitted, a request for physical therapy was submitted by [REDACTED] on 08/07/2013. However, there was no documentation of a physical examination on that date. It is noted that the patient's home exercise program was not helpful in reducing pain and improving function. Documentation of a previous course of physical therapy was not provided for review. Additionally, the duration and frequency of treatment was not specified in the request. Based on the clinical information received, the request is non-certified.