

Case Number:	CM13-0037335		
Date Assigned:	01/10/2014	Date of Injury:	11/24/2012
Decision Date:	06/09/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 is a 50-year-old female with date of injury of 11/24/2012. The listed diagnoses per [REDACTED] dated 08/02/2013 are status post left ankle contusion, moderate left ankle sprain/strain and rule out left ankle internal derangement. According to the report, the patient complains of pain in her left ankle described as throbbing, aching, stabbing, and shooting. There is cracking, clicking, and grinding sensations noted in the ankle. The patient experiences greater pain when walking and standing for prolonged periods of time. Stair climbing and walking on uneven surfaces also bother the ankle. She also reports swelling over the ankle. The ankle pain awakens her from her sleep. The patient also states, "Therapy is helping." The physical examination of the ankles show there is bruising present over the anterior subtalar region as well as swelling over the medial and lateral aspects with effusion on the left. Edema is also present. There is also tenderness to palpation anteriorly, posteriorly, laterally, and medially on the left. Talar tilt test is positive on the left. Inspection of the left foot shows there is swelling and tenderness over the plantar aspect, dorsal aspect, medial aspect, and lateral aspect of the left foot. There is decreased sensation in the lateral aspect of the left foot, medial aspect of the plantar surface of the left foot, and lateral aspect of the plantar surface of the left foot. The Utilization Review denied the request on 10/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS, #12: 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 Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic left ankle pain. The provider is requesting 12 physical therapy sessions for the left ankle. The California MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The review of records do not show any recent or prior physical therapy sessions to verify how many treatments and with what results were accomplished. However, the progress report dated 08/26/2013 documents, "Therapy is helping." It appears that the patient has received an unknown quantity of physical therapy session recently. Upon further review, none of the succeeding reports provided any documentation of functional improvement or decreased pain levels. In this case, given the lack of reported progress as it relates to physical therapy and the requested 12 sessions exceeding California MTUS guidelines recommendation for 10 sessions, recommendation is for denial.

LEFT ANKLE MAGNETIC RESONANCE IMAGING (MRI): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE & FOOT (ACUTE & CHRONIC) CHAPTER (UPDATED 02/14/12), MAGNETIC RESONANCE IMAGING (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, MRI.

Decision rationale: This patient presents with chronic left ankle pain. The provider is requesting an MRI of the left ankle. The ACOEM Guidelines page 374 on the MRI of the foot/ankle states, "For patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of a diagnosis and a radiograph or bone scan may be ordered. Imaging findings should be correlated with physical findings... Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." ODG further states that for MRIs of the ankle, it provides a more definitive visualization of subtissue structures, including ligaments, tendons, joint capsule, menisci, and joint cartilage structures, x-ray or computerized axial tomography in the evaluation of traumatic or degenerative injuries. The records do not show any recent or prior MRI for the left ankle. The progress report dated 08/02/2013 shows bruising present over the anterior subtalar region as well as swelling over the medial and lateral aspects with effusion of the left ankle. There is also edema present in the bilateral ankles. In this case, the provider is concerned about the ongoing swelling and edema present on the left ankle and would like to

clarify diagnosis. Given that the patient has not had any prior MRI of the left ankle, recommendation is for authorization.

PERCOCET 10/325, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (When To Discontinue), Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria For Use), Page(s): 76-78.

Decision rationale: This patient presents with chronic left ankle pain. The provider is requesting Percocet 10/325. The California MTUS Guidelines page 76 to 78 on the criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, et cetera. California MTUS goes on to state that baseline pain and functional assessments should be provided. Once the criteria have been met, a new course of opioids may be tried at that time. The review of records shows that the patient is also taking Oxycodone and Percocet contains Oxycodone. It is unclear why the provider is requesting Percocet when the patient is already on Oxycodone. There is also lack documentation regarding pain and function with the use of Oxycodone. Recommendation is for denial.

SOMA 350MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

Decision rationale: This patient presents with chronic left ankle pain. The provider is requesting a refill for Soma, a muscle relaxant. The California MTUS Guidelines page 29 on Carisoprodol (Soma®) states, "not recommended. This medication is not indicated for long term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxants whose primary active metabolite is meprobamate (a schedule-IV controlled substance)." The records show that the patient started taking Soma on 08/02/2013. In this case, the California MTUS Guidelines does not recommend the long term use of this medication. Recommendation is for denial.

CELEXA 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 13-15.

Decision rationale: This patient presents with chronic left ankle pain. The provider is requesting a refill for Celexa. The California MTUS Guidelines page 13 to 15 on antidepressants states "recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, partly tolerated, or contraindicated." A review of reports shows that the patient was prescribed Celexa on 08/02/2013. None of the reports reviewed discuss whether or not this medication has been helpful and none of the reports discuss depression or neuropathic pain for which this medication may be indicated. The California MTUS Guidelines page 60 require documentation of pain and function when medications are used for chronic pain. Given the lack of any documentation regarding this medication's efficacy, recommendation is for denial.