MAXIMUS Federal Services

Case Number:	CM13-0043002		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2011
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 licensed in Podiatrist 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:

This is a 49-year-old female patient with a reported injury on 07/07/2011 and the mechanism of injury occurred when the patient was holding onto a door and right fingers were smashed, and when the patient let go of the door, the patient stumbled and fell backwards landing on right knee. The patient reportedly continued to have pain and stiffness along with swelling to the right ankle. Medication taken for pain was tramadol. Other treatments included medication management, activity modification and physical therapy. Diagnostic studies included x-rays. Impression was right ankle sprain, right knee contusion, posterior cruciate ligament partial tear, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT ANKLE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The CA MTUS Guidelines state "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended." The request for physical therapy for the right ankle, 12 sessions, is non-certified. Although the patient complained of pain and stiffness and objective findings were tenderness to palpation over the lateral joint line and medial joint line as well as a positive McMurray's test and mild swelling to the right ankle, the requested number of physical therapy sessions would exceed the recommended number per Guidelines which are 9 visits over 8 weeks. Also, there was not a physical therapy evaluation with treatment plan submitted for review. As such, the request is non-certified.

ULTRAM 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 113..

Decision rationale: The CA MTUS Guidelines state "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (UltramÂ®) are reported to be effective in managing neuropathic pain. Tramadol (UltramÂ®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The request for Ultram 50 mg #60 is non-certified. The clinical information submitted for review indicates that the patient has been on tramadol for pain control. However, the duration of use, the effectiveness, and current urine drug screen were not provided for review. The California MTUS Guidelines do recommend the use of the medication for treating chronic pain. However, it is not recommended for use as a first-line drug. Tapering should be individualized as well as ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation. As such, the request is non-certified.

AN X-RAY OF THE RIGHT ANKLE (3 VIEWS) PROVIDED ON 8/9/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The CA MTUS/ACOEM Guidelines state "Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps." The

clinical information submitted for review did not indicate that the patient was unable to bear weight. There was no reported point tenderness on physical exam, no evidence that there was the inability to ambulate. The California MTUS/ACOEM Practice Guidelines recommend radiographic evaluation performed if there was rapid onset of swelling and bruising and the documentation submitted for review did not provide that evidence. As such, the request is non-certified.