

Case Number:	CM13-0048001		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2012
Decision Date:	04/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Podiatry 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 54-year-old female who reported an injury on August 06, 2012. The mechanism of injury involved a fall. The patient is currently diagnosed with lumbar radiculopathy, bilateral knee internal derangement and bilateral ankle sprain. The patient was recently see by [REDACTED] on October 10, 2013. The patient reported increasing pain in bilateral lower extremities. Current medications include Voltaren gel and Vicodin. Physical examination on that date revealed tenderness to palpation of the lumbar spine, spasms, restricted range of motion, positive straight leg raising, tenderness to palpation of the bilateral knee joint lines, limited range of motion of the bilateral knees, and tenderness to palpation of the bilateral ankles. Treatment recommendations included authorization for physical therapy 3 times per week for 4 weeks, an MRI of the left ankle, an MRI of the left knee, an MRI of the lumbar spine and authorization for a pull-stop shoe.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. There was no evidence of a failure to respond to nonopioid analgesics. Despite ongoing use of this medication, the patient continues to report persistent pain. There was no documentation of a satisfactory response to treatment. Therefore, the request is non-certified.

VOLTAREN 1% GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA-approved topical NSAID is diclofenac, and it is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. There was also no quantity listed in the current request. Based on the clinical information received, the request is non-certified.

PHYSICAL THERAPY - THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR BILATERAL KNEE, LEG, ANKLE, FOOT, TOES, AND LOW BACK: Upheld

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

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

Decision rationale: The 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. Treatment for myalgia and myositis, unspecified, includes nine (9) to ten (10) visits over eight (8) weeks. Treatment for neuralgia, neuritis and radiculitis, unspecified, includes eight (8) to ten (10) visits over four (4) weeks. The current request for twelve (12) sessions of physical therapy exceeds the guideline recommendations. Additionally, the patient's physical examination revealed normal range of motion of bilateral knees and ankles. There was no documentation of a comprehensive physical examination of the bilateral feet. The medical necessity for the requested service has not been established. As such, the request is non-certified.

MRI OF THE LEFT ANKLE: 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): 372-374.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. As per the documentation submitted, the patient's physical examination of bilateral ankles only revealed tenderness to palpation. The patient's range of motion was within normal limits. There was no documentation of a significant musculoskeletal or neurological deficit. There was also no evidence of a failure of conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

MRI OF THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the patient's physical examination of bilateral knees revealed tenderness to palpation. There was no documentation of a significant musculoskeletal or neurological deficit. There was also no evidence of an exhaustion of conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormalities. As per the documentation submitted, the patient's physical examination of the lumbar spine only revealed tenderness to palpation, spasm, restricted range of motion and a positive straight leg raise. Motor strength and sensation were within normal limits. Therefore, there is no evidence of tissue insult or neurovascular dysfunction. There was also no

evidence of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.

MEDIUM PULL-STOP SHOE: 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): 369-371.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. As per the documentation submitted, there was no evidence of a comprehensive physical examination of bilateral feet. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no evidence of instability. The medical necessity has not been established. Therefore, the request is non-certified.