MAXIMUS Federal Services

Case Number:	CM13-0056770		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2013
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine 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 patient was injured on 2/6/13 while working as an administrative assistant. She twisted her right ankle and knee while going down stairs. She was found to have a deltoid ligament sprain, fibular avulsion fracture, and nondisplaced posterior talus fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: This is a request for Tramadol for chronic right ankle pain after fracture. Long-term opioid use for chronic pain has not been show to achieve favorable outcomes in terms of chronic pain, function, or quality of life. Provided records fail to demonstrate functional improvement or pain reduction attributable to Tramadol use. Thus, Tramadol is non-certified.

TWELVE (12) PHYSICAL THERAPY FOR RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: Review of the medical records document the patient's treatment has included at least 18 sessions of physical therapy and aquatic therapy. The patient has already received an adequate number of physical therapy sessions for her diagnosis. The physical therapy notes document the patient has been instructed in a Home Exercise Program (HEP), and according to the 7/01/2013 PT note, she reported performing exercise at home. There is no clear documentation of the patient's response or progress with PT. The PR-2 dated 11/14/2013 documented good range of motion of the right ankle. According to the CA MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement. At this point, it is reasonable that the patient should be well versed in an independent home exercise program. The request for 12 PT sessions is not supported by the guidelines and is non-certified.