MAXIMUS Federal Services

Case Number:	CM14-0008024		
Date Assigned:	02/07/2014	Date of Injury:	11/24/2012
Decision Date:	07/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 is a 50-year-old female with an 11/24/12 date of injury. She works as a retail clerk and injured her left ankle. On 11/14/13, the patient complained of moderate ankle pain with no improvement. Her activities of daily living are affected. The patient uses a cane for ambulation. There is palpable ankle tenderness with decreased range of motion. On 1/9/14, the patient noted she has continued left ankle pain at 7/10 while on medications. Her pain level is the same. Her pain is reduced with rest, activity modification, and heat. Treatment to date has been activity modification, medication management, and a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE BRACE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter: Immobilization.

Decision rationale: The California MTUS does not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG states that bracing is not recommended in the

absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. For patients with a clearly unstable joint, immobilization may be necessary for 4-6 weeks, with active and/or passive therapy to achieve optimal function. However, there remains no evidence of ankle instability of the ankle joint. However, this patient has a 2012 date of injury, and chronic ankle pain. There is no documentation of instability or an acute injury that would benefit from short-term immobilization. It is unclear why this patient needs ankle bracing at this time. There is no documentation provided to support this request. As such, the request is not medically necessary.

CANE QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and Leg Chapter: Walking Aid.

Decision rationale: The California MTUS does not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. However, this patient is already documented to ambulate with a cane. It is unclear why she needs an extra cane. There is no documentation that her cane is broken or needs replacement. Therefore, the request for a cane is not medically necessary.

PERCOCET 10/325MG QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no clear documentation of functional improvement or continued analgesia from the patient's current medication regimen. She is still documented to have 7/10 pain with medication, and on the most recent note, it states that her pain is better with rest, activity modification, and heat, but not with medication. There is no documentation of urine drug screens, CURES monitoring, or an opiate pain contract. The MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for Percocet 10/325 mg #120 is not medically necessary.