

Case Number:	CM14-0100443		
Date Assigned:	09/16/2014	Date of Injury:	10/31/2012
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopedic Surgery 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 47-year-old male electrician apprentice sustained an industrial injury on 10/31/12. Injury occurred when he twisted his ankle while digging ditches. The injured worker was recently released from prison and was now seeking treatment for his ankle. Past medical history was positive for gastroesophageal reflux disease. The 5/5/14 initial podiatry report cited nonspecific left ankle complaints. Left ankle exam documented 45 degrees of inversion with subluxation of the subtalar joint. There was a pain to palpation of the anterior talofibular (ATF) and calcaneofibular (CFL) ligaments with positive anterior drawer sign. Left ankle x-rays showed no swelling, acceptable joint space, no fractures, normal bone density, and rectus foot. The diagnosis was left ankle instability. An MRI was requested. The 6/11/14 left ankle MRI impression documented poor visualization of the anterior talofibular (ATF) and calcaneofibular (CFL) ligaments suggestive of partial tears. The remainder of the study was within normal limits. The 6/16/14 podiatrist report requested authorization of a multi-ligament custom ankle foot orthosis (AFO), Terocin patches and Methoderm gel, and a secondary ankle ligament repair Watson Jones type, and post-op boot. The 6/26/14 utilization review denied the request for ankle surgery as there was no documentation of conservative treatment or bilateral stress x-rays. The request for an AFO was denied as surgery was not approved. The request for topical medications was denied as there was no indication of whether they were for pre-op or post-op use. Methoderm was contraindicated in areas of cut, irritated, or tightly bandaged areas. The 7/14/14 podiatric report cited loss of left ankle stability over 4 times a week with ankle rolling and giving way on him. Physical exam was unchanged. Bilateral stress inversion ankle x-rays were taken with 5-degree talar tilt on the right and 18-degree talar tilt on the left. The treatment plan recommended a multi-ligament ankle brace and 18 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Secondary Ankle Ligament Repair Qty Requested: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. Guideline criteria have not been met. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Methoderm Gel 120 MI (Bottles) Quantities Requested: 6.00: 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 for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state that the efficacy in clinical trials for topical non-steroidal anti-inflammatory drug (NSAIDs) has been inconsistent and most studies are small and of short duration. Guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, particularly of the knee and elbow or other joints that are amenable to topical treatment, limited to 4 to 12 weeks. The quantity requested markedly exceeds the recommended length of use for a topical NSAID. Therefore, this request is not medically necessary.

Terocin Patches Quantity Requested: 810.00: 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 does not provide specific recommendations for Terocin patches. Terocin patches include capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Guideline criteria have not been met for the use of this medication. There is no evidence of neuropathic pain. There is no clinical evidence that the patient has failed first-line neuropathic treatment, or has not responded to or is intolerant of other treatments. Therefore, this request is not medically necessary.

Custom AFO Ankle Brace Quantity Requested: 1.00: 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): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Ankle foot orthosis (AFO)

Decision rationale: The California MTUS guidelines support the use of bracing to avoid exacerbations or for prevention, but do not provide recommendations for ankle foot orthosis (AFO). The Official Disability Guidelines stated that AFOs are recommended as an option for foot drop and for use during surgical or neurologic recovery. The ODG recommended ankle bracing for patients with a clearly unstable joint for 4 to 6 weeks with active and/or passive therapy to achieve optimal function. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a custom AFO over a standard ankle immobilization brace for this patient. Therefore, this request is not medically necessary.