

Case Number:	CM14-0106919		
Date Assigned:	08/01/2014	Date of Injury:	11/02/2010
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old female who sustained an injury on 11/02/2010. The mechanism of injury was not noted. The diagnoses were noted as left subtalar joint arthrodesis, tenosynovitis of the left tibial tendon, and partial tendon deltoid. The injured worker was treated with compression stockings, anklet gauntlet, occasional Motrin, and a course of physical therapy. A lumbar sympathetic block was performed on 11/15/2013. A 3 phase bone scan of the bilateral feet and ankles was completed on 11/05/2012 which revealed 3 phase uptake in the left foot and ankle. The injured worker underwent an EMG on 12/10/2012, an MRI of the left ankle with and without contrast on 01/18/2013 and an MRI of the lumbar spine on 01/22/2014. It was noted the patient underwent an arthrodesis of the subtalar joint with implant. The patient was evaluated on 06/13/2014 for complaints of pain to the left ankle. The physical examination noted the right lower extremity had a well healed surgical incision, limited range of motion, tenderness and sensitivity to light palpation over the surgical area, and numbness to the lateral toes. Medications included Ibuprofen 800mg. The treatment plan indicated a request for additional aquatic therapy and the ibuprofen 800 mg. The rationale for additional aquatic therapy was noted as previous sessions seemed to improve the patient's ability to ambulate and decreased her pain. The rationale for the ibuprofen was not noted. The request for authorization was submitted on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): page(s) 67-68.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for short term arthritic pain. The documentation submitted for review indicated the patient had been taking the medication chronically. Furthermore, the analgesic effect of the medication was not addressed. The request submitted for review did not indicate the amount of medication being requested. As such, the request is not supported. Given the information submitted for review, the request is not medically necessary.

Aquatic Therapy Left Foot: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend active therapy 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. The documentation submitted for review did not include any objective findings of functional limitations. No objective findings were documented. Furthermore, the number of sessions was not noted in the request. As such, the request is not supported. The Guidelines additionally recommend subsequent sessions of physical therapy be contingent on functional improvement from previous sessions. The documentation submitted for review noted that the injured worker had previously participated in aquatic therapy. However, the number and outcome of the previous sessions was not noted. It is unclear if the patient had objective findings of functional improvement and if any additional sessions would be within guidelines. As such, additional sessions are not supported. Given the information submitted for review, the request is not medically necessary.