

Case Number:	CM14-0109005		
Date Assigned:	08/01/2014	Date of Injury:	08/29/2011
Decision Date:	10/02/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59-year-old male was reportedly injured on August 29, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of right ankle and foot pains. The physical examination demonstrated tenderness to palpation in the lumbar paraspinal musculature, positive straight leg raising, and a decrease in lumbar spine range of motion. There was tenderness about the right ankle over the dorsum of the foot and there is locking of the big toe. A restricted range of motion was also reported. Diagnostic imaging studies objectified a right foot fracture and a tear of the anterior talofibular ligament. Previous treatment included surgical intervention, multiple medications, and pain management interventions. A request had been made for functional capacity evaluation and medication and was non-certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chronic pain chapter, page 49

Decision rationale: ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The Official Disability Guidelines details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job, or if the patient's injuries are such that require a detailed exploration of the worker's abilities. Review, of the available medical records, note ongoing pain, requirement for multiple interventions, and there is no clear clinical indication presented that this evaluation is necessary this time.

Unknown Prescription of Ketoprofen/Gabapentin/Tramadol Cream: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

2 Injections to the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: When noting the treatment plan outlined with the most recent progress note, there was no narrative suggesting an injection into the ankle. Therefore, based on the lack of clinical information, this is not medically necessary.