

Case Number:	CM14-0010666		
Date Assigned:	02/21/2014	Date of Injury:	03/17/2010
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 Family Practice, and is licensed to practice in Tennessee, California, and Virginia. 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 51 year old male who sustained an injury on 3/17/10 when he tripped and twisted his left ankle. The injured worker was also being followed for hypertension that has been present since 2010. The injured worker continued to report persistent severe pain in the left ankle despite the use of support shoes or ankle inserts. Initial treatment for the injured worker included immobilization followed by physical therapy. It appears that surgery was recommended, but not approved by insurance. The injured worker was released from care, but returned with further left ankle symptoms in 2011. MRI studies of the left ankle from 9/6/13 noted a non-displaced chondral injury in the superolateral talar dome with tenosynovitis of the musculotendinous junction of the flexor hallucis longus. There was also tendinosis in the distal tibialis posterior tendon. As the injured worker had not improved with conservative treatment and had persistent complaints of pain in the left ankle with ongoing loss of range of motion, the injured worker was recommended for a left ankle debridement and osteochondral drilling of the talar dome lesion on 10/21/13. The injured worker was prescribed Ultram and Ibuprofen on 10/31/13. The clinical report on 10/31/13 did note that the injured worker was currently attending 12 sessions of acupuncture therapy which provided some mild improvement in regards to left ankle pain. Physical examination noted tenderness to palpation in the left ankle at the medial joint line as well as the lateral joint line, Achilles, and the anterior portion of the left ankle. Range of motion in the left ankle remained restricted as compared to the right side. The injured worker was certified for surgery on 11/7/13. The injured worker did continue with acupuncture therapy through November 2013. The clinical report from 12/4/13 discussed continuing left ankle pain with an antalgic gait that was increased with activity. The injured worker continued to report left knee pain with associated weakness. Ultram and Ibuprofen were continued at this visit. The injured worker's physical examination noted an antalgic gait. The injured worker underwent

osteochondral drilling and debridement of the left ankle on 1/03/14. Postoperative follow up on 1/7/14 noted that the injured worker was receiving Norco from [REDACTED]. On physical examination, there was no evidence of infection. Postoperative acupuncture had been authorized for 6 sessions. There was a pending initiation of postoperative physical therapy. The injured worker was seen on 2/17/14 with continuing complaints of left ankle and left knee pain. The injured worker described instability at the left ankle with associated weakness. Physical examination continued to identify an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP ACUPUNCTURE 2X WK FOR 6 WKS LEFT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has had an extensive amount of acupuncture therapy to date through December 2013. The injured worker did undergo the recommended left ankle debridement and osteochondral drilling on 1/3/14. Guidelines do recommend initial trials of acupuncture therapy to be used as an option when pain medications are reduced or not tolerated or as an adjunct to physical rehabilitation as well as surgical intervention to hasten functional recovery. In this case, the twelve requested sessions are in excess of the initial six-visit trial recommended by the MTUS. As such, the request is not medically necessary.

ULTRAM 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: Ultram can be utilized as an option for ongoing moderate to severe musculoskeletal pain. Guidelines do recommend that there be ongoing evaluations to determine functional benefit and pain reduction from scheduled medications such as Ultram. However, there was a lack of any clear indication that the injured worker obtained substantial functional benefit or pain improvement with this medication. As such, the request is not medically necessary.