

Case Number:	CM14-0122820		
Date Assigned:	08/08/2014	Date of Injury:	05/18/2011
Decision Date:	10/01/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

The patient is a 44-year-old female who has submitted a claim for right lateral epicondylitis, right de Quervain's tenosynovitis, right plantar fasciitis and Achilles tendinitis, tendinosis of the right elbow, common extensor tendon, and right wrist, extensor carpi ulnaris, and right plantar calcaneal spur associated with an industrial injury date of 05/08/2011. Medical records from 12/05/2011 to 06/09/2014 were reviewed and showed that patient complained of right elbow pain graded 6/10, right wrist pain graded 4/10, and right ankle and heel pain graded 6/10. Physical examination of the right elbow revealed full elbow ROM and weakness of right elbow flexors and extensors. Physical examination of the right wrist revealed normal grip strength. Physical examination of the right ankle revealed tenderness over the lateral malleolus, restricted ROM secondary to pain, weakness of right plantar flexors and dorsiflexors and positive right ankle inversion test. X-rays of the right elbow, wrist, knee, and ankle dated 02/24/2012 were unremarkable. MRI of the right ankle dated 02/11/2014 revealed small calcaneal spur and mild thickening of the anterior talofibular ligament. MRI of the right wrist dated 02/11/2014 revealed mild tendinosis of extensor carpi ulnaris tendon. MRI of the right elbow dated 02/11/2014 revealed mild tendinosis of the origin of the common extensor tendons and mild tendinosis of the distal insertion of the triceps tendon. Treatment to date has included unspecified visits of physical therapy, oral pain medications, TGHOT, and FlurFlex. Of note, there was no documentation of functional outcome from physical therapy visits. The patient has requested to discontinue oral pain medications since 01/14/2013 (07/18/2014). Utilization review dated 07/18/2014 denied the request for podiatrist referral because additional physical methods should be applied prior to consideration of a referral. Utilization review dated 07/18/2014 denied the request for 1 urine drug screen because there was lack of any oral opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to podiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Pages 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

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) Independent Medical Examinations and Consultations chapter 7, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of chronic right elbow, wrist, knee, and ankle pain. There was no documentation of concurrent psychosocial factors or uncertainty of diagnosis to support referral to a specialist. The patient's response to physical therapy was unclear as there was no documentation of functional outcome; hence, unresponsiveness to course of care cannot be established due to insufficient information. The aforementioned circumstances to warrant referral were not present in the case. Therefore, the request for 1 referral to podiatrist is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the patient has requested to discontinue oral pain medications since 01/14/2013 (07/18/2014). There is no concurrent use of opioids or controlled medications to support urine drug screen. It is unclear as to why 1 urine drug screen is needed. Therefore, the request for 1 urine drug screen is not medically necessary.