

Case Number:	CM14-0139806		
Date Assigned:	09/08/2014	Date of Injury:	12/13/2013
Decision Date:	10/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 12/13/13. A utilization review determination dated 8/13/14 recommends non-certification of Menthoderm, MRI of the left ankle, and physical therapy. 20 physical therapy sessions were completed between 1/2014 and 5/2014. 7/29/14 medical report identifies that a 1/24/14 left ankle MRI revealed mild tenosynovitis, mild ankle joint effusion, and mild thickening of the proximal fibers of the plantar fascia without discrete tear. On 1/31/14, she fell and put all of her weight on the left foot and ankle, which aggravated the pain and swelling. Currently, there is left ankle and foot pain with numbness and tingling. Pain is 5/10 and decreases with medications. The patient reports intermittent heartburn as a result of taking NSAIDs that is relieved by Prilosec. On exam, left ankle/foot demonstrates erythema and edema and tenderness, left plantar dorsiflexion 3-4/5 motor strength. There is diminished sensation in the left L4, L5, and S1 dermatomes of the lower extremities with paresthesias/dysesthesias. The report then notes that the left ankle MRI is from 1/27/14 and demonstrates mild tenosynovitis and a mild ankle joint effusion (no formal report was included for review). Recommendations included an MRI, medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm topical analgesic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Menthoderm, the California MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. It should also be noted that, while the patient does have occasional dyspepsia from NSAID use, it is reported to be relieved by the addition of a proton pump inhibitor. In light of the above issues, the currently requested Menthoderm is not medically necessary.

MRI of the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the left ankle, the California MTUS does not address repeat MRIs. The Official Disability Guidelines cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, it is noted that the patient had a prior MRI. The current findings are not suggestive of any pathology beyond that which was reported on the prior MRI and there is no clear rationale presented identifying the medical necessity of repeating the study at this time. In light of the above issues, the currently requested MRI of the left ankle is not medically necessary.

Physical therapy two times a week for five weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 20 prior

physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the requested physical therapy is not medically necessary.