

Case Number:	CM14-0159304		
Date Assigned:	10/02/2014	Date of Injury:	04/11/2011
Decision Date:	12/15/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 58-year-old female with a 4/11/11 date of injury, when she sustained trauma to the right ankle due to "clear air turbulence", while working as a flight attendant. The patient was seen on 8/28/14 with complaints of intermittent pain in the right ankle and sleep impairment. Exam findings revealed tenderness to palpation to the anterior and lateral area of the lateral malleolus of the right ankle. The diagnosis is chronic right ankle pain, status post right ankle trauma and circadian disturbance. Treatment to date: work restrictions and medications. An adverse determination was received on 9/16/14 for a lack of evidence of instability; no evidence of any significant deficits that would benefit from acupuncture and a lack of evidence that the patient could not tolerate oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle brace, QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter Bracing (immobilization)

Decision rationale: CA MTUS does not address this issue. ODG states that bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. For patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. However, there remains no evidence of ankle instability on the physical examination. In addition, given that the patient's injury was over 3 years ago it is not clear if she sustained additional trauma to the ankle. Lastly, the patient has been noted to work a full time without modified duty. Therefore, the request for Right ankle brace, QTY: 1 was not medically necessary.

Acupuncture for the right ankle, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Pain, Suffering, and the Restoration of Function Chapter (page 114)

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, given that the patient's injury was over 3 years ago it is not clear if the patient had acupuncture treatments or PT in the past. In addition, there is no rationale with clearly specified goals for the patient from acupuncture treatment. Therefore, the request for Acupuncture for the right ankle, QTY: 12 sessions was not medically necessary.

Topical compound anti-inflammatory cream, Flurbiprofen 20%, 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However the requested cream contained a drug, which was not supported for topical use due to the Guidelines.

In addition, there is no rationale indicating why the prescribed cream would be required despite adverse evidence. Therefore, the request for Topical compound anti-inflammatory cream Flurbiprofen 20%, 4mg was not medically necessary.