

Case Number:	CM14-0027505		
Date Assigned:	06/13/2014	Date of Injury:	02/11/2008
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopedic Surgery 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 injured worker is a 45-year-old female who was reportedly injured on February 11, 2008. The mechanism of injury was noted as falling down some stairs while carrying a printer. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of "not doing well." The injured employee was frustrated about her coverage for Demerol and lack of physical therapy. The physical examination demonstrated swelling in the back of the right lower extremity, good range of motion with residual bruising of ankle region and pinpoint discomfort at the site of surgery. Diagnostic imaging studies Magnetic resonance imaging of the foot and ankle on September 16, 2013 revealed revision of left talonavicular fusion with removal of screw and placement of screw on talar neck and navicular medial cuneiform. Multiple surgeries included most recent in December of 2013 for right gastrocnemius resection. A request had been made for Celebrex 200 mg # 30 with 3 refills, 12 sessions of physical therapy and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8: C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 30.

Decision rationale: Anti-inflammatory agents are used as the first line of treatment to reduce pain so activity and functional restoration can resume. Celebrex is the only cytochrome c oxidase subunit II(COX-2) inhibitor and nonsteroidal indicated for acute pain. When noting documentation, the patient is already on opiates. Therefore, this medication is not medically necessary.

TWELVE (12) PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434.

Decision rationale: Up to 9 visits of physical therapy (postoperatively) over an eight week period of time is supported. Based on the documentation provided, noting the date of surgery and the previous physical therapy reports, the request is for an amount that exceeds this parameter. As such, this is not medically necessary.