

Case Number:	CM14-0030129		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2010
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Interventional Spine 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 patient is a 39 year old female with an injury date of 11/08/10. Based on the 01/02/14 progress report provided by [REDACTED], the patient complains of painful bilateral ankles. There is increased pain with palpation of bilateral sinus tarsi, bilateral peroneals, bilateral calves with distraction/impaction of bilateral ankle joints, bilateral calves/Achilles tendons at insertion, and with ankle joint dorsiflexion/plantarflexion. She is positive for antalgic gait. The patient's diagnoses include the following: Status post ankle sprain secondary to fall and weakness; left, Peroneal tendonitis; left greater than right, Myalgia; left greater than right, Bursitis; left greater than right, Capsulitis; left greater than right, Edema; left greater than right, Pain; left greater than right. [REDACTED] is requesting for one pharmacological management between 01/02/14-01/02/14. The utilization review determination being challenged is dated 12/20/13. No rationale was provided. [REDACTED] is the requesting provider, and he provided treatment reports from 03/09/13- 01/16/14. 1. Status post ankle sprain secondary to fall and weakness; left. 2. Peroneal tendonitis; left greater than right. 3. Myalgia; left greater than right. 4. Bursitis; left greater than right. 5. Capsulitis; left greater than right. 6. Edema; left greater than right. 7. Pain; left greater than right. [REDACTED] is requesting for one pharmacological management between 01/02/14- 01/02/14. The utilization review determination being challenged is dated 12/20/13. No rationale was provided. [REDACTED] is the requesting provider, and he provided treatment reports from 03/09/13- 01/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pharmacological Management between 1/2/14 and 1/2/14: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter:7 page 127.

Decision rationale: According to the 01/02/14 report provided by [REDACTED], the patient complains of painful bilateral ankles. The request is for one pharmacological management between 01/02/14- 01/02/14. ACOEM page 127 states "the 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." The patient should be allowed pharmacological management to address the medications they are taking. Recommendation is that of medical necessity.