

Case Number:	CM14-0051842		
Date Assigned:	08/08/2014	Date of Injury:	10/28/2002
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 Nevada. 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 records presented for review indicate that this 49 year-old individual was reportedly injured on October 28, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 7, 2014 indicates that there are ongoing complaints of neck pain, muscle spasm, tightness and stiffness. The physical examination demonstrated a normal blood pressure, tenderness along both ankles, tightness in the cervical spine with muscle spasm and a decreased range of motion. Pain in the facet joints of the cervical spine is also reported. Diagnostic imaging studies were not presented. Previous treatment includes multiple medications, and other conservative measures. A request had been made for imaging studies and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

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) lower extremity, electronically cited.

Decision rationale: When noting the date of injury, tempered by the current complaints, and incorporating the changes noted on physical examination there is no clear clinical indication presented why repeat x-rays of the ankles are necessary. Therefore, based on the lack of clinical information the medical necessity for these imaging studies is not established.

MRI Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1101.

Decision rationale: When noting the date of injury is more than 15 years prior, the current physical examination does not establish any instability or physical examination evidence to support the need of intra-articular pathology there is no clear clinical evidence presented of the need for an MRI. Therefore, when noting the parameters outlined in the ACOEM guidelines tempered by the physical examination reported this is not clinically indicated. Therefore, this request is not medically necessary.

MRI of Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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) Cervical & Thoracic Spine diagnostic.

Decision rationale: As noted in the ACOEM guidelines, there needs to be a progressive neurologic deficit, significant trauma or some clinical reason why a study is warranted. When considering the date of injury, and the physical examination findings there is no data presented to suggest the need for such a study. As such, this is not medically necessary.

Don Joy Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, "Criteria for the use of knee braces".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As outlined in the ACOEM guidelines, there is no recommendation for functional bracing as part of a rehabilitation program. A brace can be used for patellar instability or the anterior cruciate ligament tears however neither of these maladies is noted to be present.

There are ongoing complaints of pain with no evidence of any intra-articular pathology. As such, this is not medically necessary.

Left Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1140.

Decision rationale: As noted in the ACOEM guidelines, there is no specific recommendation for bracing as a part of functional rehabilitation. There is no noted instability or clinical narrative presented to support the need for this device. As such, the medical necessity is not established.

Right Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1140.

Decision rationale: As noted in the ACOEM guidelines, there is no specific recommendation for bracing as a part of functional rehabilitation. There is no noted instability or clinical narrative presented to support the need for this device. As such, the medical necessity is not established.

Hot and Cold Wrap with gel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

Decision rationale: The use of heat and cold wraps is indicated in the acute phase of injury. Noting the date of injury is more than 14 years ago and that there is no identified pathology, there is no clear clinical indication presented to support this request. Therefore, this request is not medically necessary.

Inflatable neck collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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) Cervical and Thoracic Spine Disorders-Clinical Measures; (Electronically Cited).

Decision rationale: It is noted that there is no specific recommendation for such a device outlined in the guidelines. There is no evidence-based medical support for the use of neck pillows as there is no quality evidence to support the role in the treatment of chronic neck pain. Absent this support in the literature, the medical necessity is not established.

Norco 10mg/325 mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 74-78, 88, 91.

Decision rationale: When considering the date of injury, the injury sustained, the findings noted on physical examination tempered by the parameters outlined in the MTUS there is no clear clinical indication for the ongoing uses medication. This medication is indicated for the management of moderate to severe breakthrough pain. The indication is that this is being used for a chronic, indefinite period of time. Furthermore, there is no objectification of any efficacy or utility in terms of increased functionality, return to work, or decrease symptomology. Therefore, based on the information presented for review this request is not medically necessary.