

Case Number:	CM14-0079246		
Date Assigned:	07/18/2014	Date of Injury:	05/04/2012
Decision Date:	09/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 41 year old male who was injured on 5/4/2012 involving his left foot/leg becoming stuck in the mud while running down a steep hill, hyperextending his knee. He was diagnosed with left knee internal derangement, ankylosis, left lower extremity complex regional pain syndrome, lumbar discogenic pain, and left leg deep vein thrombosis. He was treated with surgery (left knee arthroscopy), physical therapy, an anticoagulant, cane, oral analgesics, gabapentin, and chiropractic treatments. On 5/5/14, the worker was seen by his pain management physician complaining of severe pain involving his lumbar spine and left leg with increasing allydynia and sensitivity in left leg with intermittent swelling and discoloration and progressive atrophy. He reported attending physical therapy, but only for his low back. He was recommended physical therapy for his left leg, a renewal of his Norco and other medications, and custom-molded orthotic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twelve visits for the left lower extremity.: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that physical therapy for reflex sympathetic dystrophy (CRPS) may continue up to 24 visits over 16 weeks as long as there is documented evidence of functional and pain-reduction benefits. In the case of this worker, he had completed some physical therapy on his leg previously, however, it seems reasonable to suggest further therapy considering his worsening condition. However, an additional 12 sessions may be excessive to begin with as he should be able to quickly become skilled with his home exercises and stretches with less supervised physical therapy sessions. Therefore, the 12 sessions of physical therapy on his leg is not medically necessary.

Norco 10mg two times daily, quantity sixty.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco had been used prior to the request for continuation, however, there was no documented evidence seen in the notes available for review of the worker's improvement in his function or pain-reduction related to his Norco use. Without this evidence of benefit, the Norco is not medically necessary to continue.

Custom molded orthotic shoes, one pair.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot section, Orthotic devices, AND Knee and Leg section, Insoles/Footwear.

Decision rationale: The MTUS ACOEM Guidelines state that for ankle and foot complaints a rigid orthotic for metatarsalgia or plantar fasciitis is recommended as an option and may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with these conditions. However, the ODG states that based on the current studies on the

use of custom orthotic shoes/inserts, outcomes from their use are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended initially, with the possibility of requiring a custom orthotic if the prefabricated orthotic is for long-term use. Also, for knee arthritis, insoles with wedges are also recommended. In the case of this worker, his primary condition is his left knee derangement and CRPS. It is unclear, based in the notes available for review, if the worker also has a specific foot condition, or if the request for an orthotic is to help balance his knee indirectly. Either way, the first step is to use a non-custom orthotic insert/shoe, which is recommended in this situation, and only if trials of these products take place, would custom orthotics be warranted, according to the guidelines. Therefore, the custom orthotic shoes are not medically necessary.