

Case Number:	CM14-0092565		
Date Assigned:	07/25/2014	Date of Injury:	09/24/2012
Decision Date:	09/11/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 62-year-old gentleman was reportedly injured on September 24, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of right greater than left ankle and foot pains. The physical examination demonstrated decreased ankle range of motion and tenderness along the plantar fascia. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a plantar fasciotomy and postoperative physical therapy. A request had been made for Ultram and physical therapy twice a week for four weeks for the right foot/heel and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review, of the available medical records, indicates that there has been a failure of first-line medications; however, pain is stated to be rated at 3/10 and reduced to 1/10 with the usage of tramadol. This does not indicate the presence of moderate to severe pain. Considering this, the request for Ultram is not medically necessary.

Additional physical therapy twice weekly for 4 weeks right foot/heel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Physical Therapy, Updated July 29, 2014.

Decision rationale: According to the attached medical records, the injured employee has finished nine sessions of physical therapy, which have provided increased range of motion and decreased pain. According to the Official Disability Guidelines, six visits of physical therapy is recommended for treatment for plantar fasciitis. Considering that the injured employee has exceeded this guideline, the request for additional physical therapy twice a week for four weeks for the right foot/heel is not medically necessary.