

Case Number:	CM14-0176567		
Date Assigned:	11/19/2014	Date of Injury:	03/17/2014
Decision Date:	01/29/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/25/2014

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 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 50 year old female with an injury date on 03/17/2014. Based on the 09/16/2014 progress report provided by the treating physician, the diagnoses are:1. Diabetes mellitus2. Closed fracture of unspecified part of fibula with tibia3. Bi-malleolar fracture, closed4. Abnormality of gaitAccording to this report, the patient presents for "left ankle arthrocentesis follow-up." The patient has a "malunion of Tibfal Tilleau. Fragment along the left ankle anterior along the anterior inferior tibio -fibular ligament. Physical exam of the lower extremity reveals swelling of the posterior, anterior, and lateral left ankle. Moderate to severe pain on palpation is notes along postero-lateral tibia and along the retro-calcaneal area. Exams finding on 09/30/2014 report is unchanged from prior report.X-ray of the left tibia and fibular on 08/01/2014 shows "No osseous, joint or soft tissue abnormality identified."MRI of the left ankle on 08/01/2014 shows (1) "Small focus of subchondral edema and moderate cartilage fissuring at the articulation between the navicular and the medial cuneiform, chronic in appearance.(2) No acute fracture or ligamentous tear is seen. No edema is seen surrounding the lateral ankle ligaments."CT of the left ankle on 08/01/2014 shows (1) "Moderate cartilage fissuring with subchondral cyst at the articulation between the medial cuneiform and the navicular. Findings are compatible with chronic focal osteoarthritis in this location; this correlates to the placed marker indicating area of pain. (2) Mild to moderate diffuse osteopenia most pronounced in the distal tibia and calcaneus, possibly related to disuse osteopenia."The patient has been treated conservatively with injections. The treatment plan is request for an "aggressive non-weightbearing casting with bone stimulator," crutches, and an in office fiberglass cast application. Patient is to "remain out of work until 01/15/2015." There were no other significant findings noted on this report. The utilization review denied the request for Tylenol #3 and Exogen Bone stimulator on 10/07/2014

based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/03/2014 to 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60, 61; 76-78; 88, 89.

Decision rationale: According to the 09/16/2014 report, this patient presents with "left ankle arthrocentesis follow-up." The current request is for Tylenol #3. This medication was first mentioned in the 06/23/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the provided reports provided by the treating physician show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's were discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. In this case, the treating physician has failed to properly document Analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The current request is not medically necessary.

Exogen Bone Stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back Bone growth stimulators (BGS)

Decision rationale: According to the 09/16/2014 report, this patient presents with "left ankle arthrocentesis follow-up." The current request is for Exogen Bone stimulator. MTUS and ACOEM are silent with regards to this request. However, ODG guidelines states that a bone growth stimulator for the ankle is "Recommended as an option for non-union of long bone fractures." Review of the provided report, the treating states "Based on advanced imaging and confirmation of incomplete union of the fracture fragment. Recommended aggressive non-

weight bearing casting with bone stimulator from this point." However, the most recent imaging reports of the left ankle provided for review indicates "No acute fracture" and "No osseous, joint or soft tissue abnormality identified." In this case, there is no indication that the patient has a "non-union of long bone fractures" to consider bone stimulator. ODG guidelines do not support routine use of bone stimulators. The current request is not medically necessary.