

Case Number:	CM14-0195856		
Date Assigned:	12/03/2014	Date of Injury:	04/06/2014
Decision Date:	01/22/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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:

Patient is a 56 year-old female with date of injury 04/06/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/03/2014, lists subjective complaints as pain in the bottom of the left foot. Objective findings: Patient was using boots for both feet and demonstrated a limp. Gait testing was not done. Sensation to fine touch and pinprick was decreased in all toes of the left foot. The distal muscles of the left side were not tested as well due to pain. There was an ulcer noted on the bottom of the left foot. Ankle jerks were absent bilaterally. Diagnosis: 1) Status post fracture of left foot 2) Sprain injury, left ankle 3) Abnormal MRI of left ankle showing small non-displaced fracture of left talus. Patient has completed at least 6 sessions of aqua therapy to date. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months; Naproxen 550mg, #120 SIG: one tab Q8H.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: 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 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Naproxen 550mg #120 is not medically necessary.

Home exercise program: 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 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. The request for a formal home-based exercise program is not medically necessary.

Daily swimming pool exercises: 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 Knee & Leg (Acute & Chronic), Gym membership.

Decision rationale: A private gym membership, or in this case a membership to a swimming pool, is not considered to be medical treatment. Exercise at a swimming pool is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Daily swimming pool exercises are not medically necessary.