

Case Number:	CM14-0201082		
Date Assigned:	12/11/2014	Date of Injury:	11/25/2012
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle and knee pain reportedly associated with an industrial injury of November 25, 2012. In a utilization review report dated November 7, 2014, the claims administrator failed to approve request for tramadol, physical therapy to include the ultrasound modality, custom-molded orthotics, and a soft interface associated with said custom-molded orthotics. The claims administrator referenced an October 10, 2014 progress note and associated RFA form in its determination. The claims administrator also referenced a historical utilization review report of September 26, 2013 in its decision to deny tramadol. Non-MTUS ODG Guidelines were invoked to deny the orthotics. The applicant's attorney subsequently appealed. On December 3, 2014, the applicant reported ongoing complaints of left leg pain with associated swelling. The applicant did have comorbid hypertension. Swelling was appreciated about the feet with left lower extremity strength scored at 3-4/5. Six sessions of physical therapy for the knee were endorsed while the applicant was placed off work, on total temporary disability, for 30 days. The applicant received functional capacity testing on November 11, 2014. On October 29, 2014, the applicant reported complaints of bilateral ankle and bilateral knee pain, 4-8/10. The applicant had earlier sustained a medial malleolar fracture of the left ankle and had undergone surgical intervention for the same. The applicant was asked to obtain MRI imaging of the left knee. Six sessions of physical therapy for the ankle were endorsed while the applicant was placed off work, on total temporary disability, for 30 days. In a handwritten note dated August 20, 2014, the applicant reported ongoing complaints of left ankle pain. The applicant was using tramadol. The applicant presented requesting medication refills. The applicant exhibited a visibly antalgic gait favoring the left lower extremity. Tramadol-acetaminophen and Colace were endorsed. The applicant's work status was not clearly outlined on this occasion. The applicant received

acupuncture through various handwritten progress notes interspersed throughout 2014. In a Medical-Legal Evaluation dated May 27, 2014, the applicant reported persistent complaints of left ankle pain, constant, exacerbated by standing, walking, kneeling, bending, squatting, crouching, crawling, and lifting. The applicant was reportedly unable to lift articles weighing greater than 5 pounds. The applicant was not working, it was acknowledged. The applicant had not worked for any employer since the date of injury, it was stated. The medical-legal evaluator stated that the applicant should be deemed a qualified injured worker (QIW). Permanent work restrictions were endorsed. The medical-legal evaluator suggested that the applicant obtain vocational rehabilitation. The applicant's medication list reportedly included Prevacid, Colace, Floranex, tramadol, and Centra, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, on total temporary disability. Multiple progress notes, referenced above, suggested that Tramadol was being refilled without any explicit discussion of medication efficacy. Commentary made by the applicant's medical-legal evaluator on May 27, 2014 to the effect that the applicant was having difficulty performing lifting, standing, walking, climbing, crouching, and crawling activities. Therefore, the request is not medically necessary.

Physical therapy (include ultrasound to the plantar heel, Achilles and left leg), twice weekly for three weeks: 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 Therapeutic Ultrasound; Physical Medicine Page(s): 123; 98.

Decision rationale: As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound, the modality seemingly being sought here, is deemed "not recommended." Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of a claim. The request for physical therapy to include ultrasound, thus, seemingly runs

counter to several MTUS principles and parameters. The applicant has received prior unspecified amounts of physical therapy at various points over the course of the claim, including in 2014 alone. The applicant has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off work, on total temporary disability, despite completion of earlier physical therapy. The applicant remains dependent on opioid agents such as Tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite completion of prior physical therapy in unspecified amounts. Therefore, the request for additional physical therapy to include the ultrasound modality was not medically necessary.

Custom molded orthotics, quantity of two: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Table 14-6.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, rigid orthotics are "recommended" for appropriate diagnoses. Here, the progress notes on file suggest that various other modalities, including time, medications, physical therapy, acupuncture, earlier foot and ankle surgery, etc., had, in fact, proven unsuccessful. Custom orthotics could be of benefit in ameliorating the applicant's residual foot and ankle complaints, as suggested by ACOEM. Therefore, the request is medically necessary.

Soft interface, varus/valgus wedge and casting, quantity of two: Overturned

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): 376, Table 14-6.

Decision rationale: The request for a soft interface, wedging, and casting represents a derivative or companion request, one which accompanies the primary request for orthotics. Since that request was deemed medically necessary in issue #3 (custom orthotics), the derivative or companion request for an associated interface, wedging, and casting is likewise medically necessary as ACOEM Chapter 14, Table 14-6, page 376 does acknowledge that rigid orthotics, as are being sought here, are "recommended" for appropriate diagnoses. Therefore, the request is medically necessary.