

Case Number:	CM14-0208417		
Date Assigned:	12/22/2014	Date of Injury:	07/27/2013
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

27-year-old claimant with reported industrial injury of October 23, 2013. Complaint is made of pain over the dorsal and anterior aspect of the ankle and bottom of the foot. Exam note October 23, 2013 demonstrates difficulty with weight bearing, Minimal tenderness over the inter-aspect of the ankle joint and exquisite tenderness over the medial plantar fascia at the level of the midfoot. Achilles tendon is noted to be tight. MRI of the right foot demonstrates a medial band of the plantar fascia appears lax and wavy consistent with a partial tear. Exam note September 10, 2014 demonstrate significant improvement in symptoms since last visit. Exam note November 10, 2014 demonstrates that the claimant is not improving with regards to right foot pain. Examination demonstrates pain or origin of the plantar fascia and slight tightness of the Achilles tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Percocet 10/325 #60: Upheld

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support the use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity while taking Percocet. Therefore the determination is for non-certification.