

Case Number:	CM15-0003488		
Date Assigned:	01/14/2015	Date of Injury:	06/05/2009
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 injured worker is a 65 year old female, who sustained a work related injury on 6/5/09. She had reported immediate left ankle pain. The diagnoses have included anterior talofibular ligament tear left ankle and peroneus brevis tendon tear left ankle. Treatment to date has included 12 physical therapy visits, surgery on left ankle, ice, elevation of left leg and oral medications. Currently, the injured worker complains of chronic left ankle pain. In the PR-2 dated 10/24/14, the physician noted mottling and swelling of left ankle with decreased range of motion. On 12/17/14, Utilization Review non-certified a prescription request for Voltaren Gel noting the documentation included for review does not show that there has been failed trials of non-steroidal anti-inflammatory agents, anti-depressants and anticonvulsants that would support the use of the Voltaren Gel. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/17/14, Utilization Review non-certified a request for physical therapy to left ankle 3 times a week for 4 weeks, noting the "Postsurgical Guidelines recommend 8 PT visits over 3 months. Guidelines support 6 months of postsurgical physical medicine treatment period." She has had 12 physical therapy treatments. Even though she continues to have some limitations with movement of the left ankle, she should be independent to complete at home exercise program. Non- MTUS, non- ACOEM Guidelines and non-ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding voltaren patch in this injured worker, the records do not provide clinical evidence to support medical necessity.

Physical therapy for the left ankle, three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.