

Case Number:	CM15-0131508		
Date Assigned:	07/17/2015	Date of Injury:	08/14/2014
Decision Date:	08/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male who sustained an industrial injury on 8/14/14. He had complaints of right and left foot and left leg pain. He was diagnosed with right and left foot strain and left leg strain. Primary treating physician's progress report dated 4/29/15 reports severe left and right ankle/ foot pain. Diagnoses include: rule out costochondral injury, left ankle, right out traumatic plantar fasciitis, left foot, rule out tarsal tunnel syndrome, left foot and rule out metatarsalgia, right foot. Plan of care includes: physical therapy 3 times per week for 4 weeks to both feet and ankles, MRI scans of left ankle and internal medicine consultation and compound cream requested. Work status is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the bilateral feet and ankles quantity 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, it is unclear if the patient has undergone therapy previously. If the patient has not, the current request exceeds the 6-visit trial recommended by guidelines. If the patient has received previous therapy, there is no documentation of objective functional improvement from the therapy already provided. As such, the current request for physical therapy is not medically necessary.

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the ankle, Occupational Medicine this Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery, MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, there is no indication that the patient has failed conservative treatment for this injury, and no documentation of nondiagnostic plain film radiographs. Furthermore, there is no indication of a red flag condition for which those criteria would not need to be met. As such, the currently requested ankle MRI is not medically necessary.

Internal Medicine Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Internal Medicine Consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any

concurrent psychosocial factors. Additionally, there is no documentation that the physician has tried to address these issues prior to considering a referral. In the absence of such documentation, the currently requested Internal Medicine Consultation is not medically necessary.

Retrospective Compound med: Ketoprofen 10%, Gabapentin 6%, Bupivacaine Hydrochloride 5%, Baclofen 2%, DOS 4-29-15, quantity 1200gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Retrospective Compound med: Ketoprofen 10%, Gabapentin 6%, Bupivacaine Hydrochloride 5%, Baclofen 2%, DOS 4-29-15, quantity 1200gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Retrospective Compound med: Ketoprofen 10%, Gabapentin 6%, Bupivacaine Hydrochloride 5%, Baclofen 2%, DOS 4-29-15, quantity 1200gm is not medically necessary.