

Case Number:	CM15-0145530		
Date Assigned:	08/10/2015	Date of Injury:	06/13/2015
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, Oregon
 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:

The injured worker is a 32 year old female, who sustained an industrial injury on June 13, 2015. She reported left ankle and leg injuries sustained in a fall. On June 13, 2015, x-rays of the left fibula, left ankle, and left foot revealed comminuted fractures of the left distal fibula, medial malleolus fracture with displacement, and posterior distal tibia fracture. The injured worker was diagnosed as having a left tibia and fibula fracture, left medial malleolus fracture, and left fibula shaft fracture. Treatment to date has included a short-leg posterior and stirrup splint, crutches, and medications including pain and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. Her work status is temporarily totally disabled. On July 7, 2015, the injured worker reported constant, stabbing pain and stiffness over the left leg and ankle. The treating physician noted that she is in moderate distress with inability to ambulate without crutches, and has an abnormal gait. The physical exam revealed a soft cast with ace bandage wrapped over the lower leg and left foot, swelling of the toes, and swelling and bruising of the upper left calf. Requested treatments include: open reduction internal fixation left ankle, tibia, and fibula; post-op cold therapy unit x 7 days; post-op physical therapy 3 x 5; office visit follow-up in 6 weeks; home health aide 8 hours/day x 7 days/week; Omeprazole DR; Tramadol; and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open reduction internal fixation left ankle, tibia/fibula: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: CA MTUS/ACOEM is silent on the issue of open reduction and internal fixation. Per the ODG, Ankle section, open reduction and internal fixation, “Recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation (ORIF) is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware (such as a rod, plate and/or nails) is then implanted to hold the reduction in place.” In this case there is radiographic evidence of an unstable ankle fracture. The request for surgery is medically necessary.

Post-op cold therapy unit x 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG, Ankle section, continuous flow cryotherapy is not recommended. Therefore, the request is not medically necessary.

Post-op physical therapy 3 x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: CA MTUS post surgical treatment guidelines, page 13, ankle fracture, recommend 21 visits of PT after ankle fracture. Initially, half the visits are recommended. In this case the request exceeds the initial allowable guidelines and is not medically necessary.

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prilosec Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for not medically necessary for the requested Prilosec.

Tramadol 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 93.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary.

Cyclobenzaprine 7.5mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 “Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended.” In this particular case the patient has no evidence in the records of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore, the request is not medically necessary.

Associated surgical service: Office visit follow-up in 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: As the requested surgery is considered necessary, the follow up for the injury is also appropriate and medically necessary.

Associated surgical service: Home health aide 8 hours/day x 7 days/week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore, request is not in keeping with guidelines and is not medically necessary.