

Case Number:	CM15-0190257		
Date Assigned:	10/02/2015	Date of Injury:	08/01/2002
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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
 Certification(s)/Specialty: Podiatrist

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 an industrial injury on 8-1-2002. The injured worker is undergoing treatment for: right ankle osteochondritis, limb pain, and chondromalacia. On 6-30-15, she reported right side pain rated 9 out of 10. Physical examination revealed decreased right ankle range of motion, perceptible limp, right foot and ankle swelling. On 8-4-15, she reported right side pain rated 7 out of 10 and noted to be "unchanged". Objective findings do not note significant changes. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the right ankle (date unclear). Medications have included: Celebrex, Trazodone. The records indicate she has utilizing Celebrex since at least August 2015, possibly longer. Current work status: restricted. The request for authorization is for: physical therapy (sessions) 3 times a week for 3-6 weeks for the right ankle, and Celebrex 200mg quantity 30. The UR dated 9-1-2015: certified foot and ankle specialist consultation, foot and ankle specialist treatment; and non-certified physical therapy (sessions) 3 times a week for 3-6 weeks for the right ankle, and Celebrex 200mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right ankle, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Physical Medicine.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the recommended physical therapy is not medically reasonable or necessary for this patient at this time. The above-mentioned guidelines state that physical therapy may be recommended in the acute stages of injury. It is well documented that this patient has had her right ankle injury for many years. She has not responded to other conservative care and has been recommended to consult with a podiatrist. It seems premature at this point to send her to physical therapy without having been evaluated by the podiatrist. Specifically, the guidelines state, "physical medicine may be used to provide short-term relief during the early phase of pain treatment." Again, as noted in the progress notes, at this time the patient is not in the early phase of pain treatment.

Celebrex 200 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the recommended Celebrex 200 mg quantity 30 is medically reasonable and necessary for the treatment of this patient's right ankle pain. The MTUS guidelines state that non-steroid anti-inflammatory medications may be used in the two most common forms of arthritis for treatment, rheumatoid arthritis and osteoarthritis. Chondromalacia to the right ankle can certainly be considered and osteoarthritis, therefore it is reasonable to treated with Celebrex.