

Case Number:	CM15-0206150		
Date Assigned:	10/23/2015	Date of Injury:	01/12/2011
Decision Date:	12/04/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 1-12-2011. The injured worker is undergoing treatment for: ankle joint pain and knee pain. On 7-15-15, he reported doing better with left ankle and left knee pain. He rated his pain 6 out of 10. On Objective findings noted he was undergoing physical therapy. There is no discussion of the efficacy of the completed physical therapy sessions. 8-26-15, he reported pain to the left ankle and left knee. He rated his pain 7 out of 10 and indicated it was the same since his last visit. Objective findings revealed pain with applied pressure of the left ankle, left ankle instability. There is no discussion of functional improvement with the already completed physical therapy sessions. There is no discussion of pain reduction with Norco. The treatment and diagnostic testing to date has included: left ankle arthrotomy with reconstruction (date unclear), medications, multiple completed physical therapy for the left ankle, x-rays of the left knee, left foot and ankle (8-26-15), cortisone injection of the left ankle (8-26-15), heat, ice. Medications have included: Norco. The records indicated he has been utilizing Norco since at least February 2015, possibly longer. Current work status: modified work. The request for authorization is for: additional physical therapy three times weekly for four weeks for the left ankle, Norco 10-325mg quantity 40. The UR dated 9-18-2015: non-certified the request for additional physical therapy three times weekly for four weeks for the left ankle, Norco 10-325mg quantity 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 X 4 for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: According to the guidelines, therapy after ankle surgery is recommended for up to 34 visits in the 1st 4 months after surgery. In this case, the claimant's surgery was over 10 months ago and the claimant completed several months of therapy (at least 24 sessions). The response to therapy is unknown. There is no indication that additional therapy cannot be completed at home. The request for additional 12 sessions of physical therapy is not medically necessary.

Norco 10/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.