

Case Number:	CM15-0055598		
Date Assigned:	03/30/2015	Date of Injury:	06/09/2006
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 06/09/2006 due to an unspecified mechanism of injury. On 02/19/2015, he presented for an evaluation regarding his work related injury. He reported decreased pain with rest, home exercise, and the use of his medications. He was noted to be status post left knee arthroscopy in 02/2015 and reported a decrease in his pain since then. He also complained of continued pain with increased weight bearing activities. On examination, the left ankle revealed pes planus deformity and tenderness to palpation was present over the lateral ligament joint complex and anterior talofibular ligament. Inversion stress test elicited increased pain and range of motion to the left ankle was decreased. Examination of the left knee revealed tenderness to palpation over the surgical sites, medial and lateral joint lines, and patellofemoral region. Healing portal scars were noted and there was no evidence of infection. There was no laxity and range of motion of the left knee was decreased on flexion. He was diagnosed with cervical, thoracic and lumbar sprain with left arm and leg radiculitis. The treatment plan was for a consultation regarding his left ankle, 1 random urine drug screen, 1 prescription for Norco, and 1 smooth rider II resistance exercise chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation regarding the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

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

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based upon review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. The documentation provided does not show that the injured worker has any significant findings of the left ankle that would support the request for an outside referral. There was no clear rationale for the medical necessity of a separate physician reviewing the injured worker's left ankle problems and therefore, the request would not be supported. As such, the request is not medically necessary.

1 random urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, urine drug screening is recommended for those who are using narcotic medications and more frequently for those who are at high risk for aberrant drug taking behaviors or who display aberrant drug taking behaviors. The documentation provided does not indicate when the injured worker's last urine drug screen was performed. There was also no indication that he was at high risk for abusing his medications or that he displayed any aberrant drug taking behaviors. Without this information, the random urine drug screen would not be supported. As such, the request is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Hydrocodone/Acetaminophen; Opioids, long-term assessment; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker was having a quantitative decrease in pain or an objective improvement in

function with the use of his medications to support continuing the use of Norco. Also, no official urine drug screens or CURES reports were provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

1 Smooth Rider II resistance chair with exercise cycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

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

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is equipment that can normally be rented, is appropriate for use in the injured worker's home, and is primarily used to serve a medical purpose. The documentation provided does not state a clear rationale for the medical necessity of a smooth rider II resistance chair with exercise cycle. There was no indication that the injured worker required this out of medical necessity and further clarification is needed regarding whether this is being requested as a purchase or a rental. Given the above, the request is not medically necessary.