

Case Number:	CM15-0059381		
Date Assigned:	04/03/2015	Date of Injury:	12/19/2013
Decision Date:	05/05/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42-year-old male sustained an industrial injury to the left foot on 12/19/13. Previous treatment included computed tomography, open reduction internal fixation left foot fracture, magnetic resonance imaging, physical therapy, orthotics, cane, medications and home exercise. In an orthopedic follow-up dated 3/6/15, the injured worker complained of persistent left foot pain. Physical exam was remarkable for mild swelling and tenderness to palpation to the foot and ankle with decreased sensation over the dorsum of the foot and restricted range of motion. The injured worker stood with neutral alignment to his foot with no significant deformity through the tarsometatarsal joints. The injured worker ambulated with an antalgic gait with the assistance of a cane. Current diagnoses included Lisfranc injury, tarsometatarsal joints, left foot and ankle, status post- surgical treatment with residual pain, swelling, stiffness and limited function and recent onset left anterior ankle pain. The treatment plan included a prescription refill of Tramadol, continuing Naprosyn and one pair over the counter rocker soled shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) over the counter rocker soled shoe (1 pair): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: MTUS Guidelines supports the use of over the counter orthotic products for foot problems including metacarpal pain. This individual has qualifying conditions that justify the use of orthotics. Even though the Guidelines do not directly address rocker shoes or post traumatic conditions, the principles of use in the Guidelines support this request. The over the counter rocker shoe 1 pair is medically necessary.

Tramadol HCL 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is pain relief and functional benefit. It is documented that this individual utilizes the Tramadol on an as needed basis and not use of the full dosing that can be used. The treating physician and medical-legal evaluator both document sparing use, some pain relief and trials to maximize activity levels i.e. home exercise and trials to walk to local establishments. Even though the documentation is not as complete as one might require for daily high dose opioids, it is adequate for these circumstances. Under these circumstances, the Tramadol HCL 50mg. #90 is consistent with Guidelines and is medically necessary.