MAXIMUS Federal Services

Case Number:	CM14-0122900		
Date Assigned:	08/08/2014	Date of Injury:	02/26/2003
Decision Date:	10/15/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 46 year old male who sustained an injury to the left foot and ankle on 02/26/03. The medical records provided for review documented that the claimant underwent multiple surgeries and continues to experience chronic complaints of pain; the surgical procedures were not noted. The 6/24/14 progress note indicates continued pain in the left foot and ankle. Physical examination revealed weakness with flexor muscle testing, a positive Tinel's sign on the deep peroneal nerve at the level of the anterior tarsal tunnel. Plain film radiographs showed no evidence of acute osseous change. The recommendation was made for a peroneal nerve injection, orthopedic taping to evaluate for custom orthosis, and prescriptions for narcotic medications. There was no documentation of other forms of imaging or conservative care noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Peroneal nerve injection: Upheld

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): 370.

Decision rationale: Based on California ACOEM Guidelines, the request for an injection to the peroneal nerve would not be supported. The medical records document that the claimant has a positive Tinel's test at the peroneal nerve but there are no imaging reports or electrodiagnostic studies identifying compressive findings. The ACOEM Guidelines recommend that injection procedures are of limited clinical merit. Based on the lack of documentation of imaging and testing, as well as the lack of documentation of prior conservative measures focused on the claimant's peroneal nerve distribution, the requested injection is not medically necessary.

1 Orthopedic taping to evaluate for support custom foot orthoses: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: Based on California ACOEM Guidelines, the request for taping for the purpose of measurement for custom orthotics would not be supported. The medical records do not document that the claimant has a diagnosis that would support the role of custom orthotics. There is no documentation of recent conservative measures, a formal diagnosis or examination findings to indicate need for custom orthotics. The specific request in this case for planning of custom orthotics is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use. Page(s): 76-80.

Decision rationale: Based on the California Medical Treatment Utilization Schedule guidelines the need for continued use of hydrocodone/acetaminophen in this individual would not be supported. Current records fail to show evidence of advancement of activity of subjective improvement of pain with current medication use. The chronic use of short acting narcotic analgesic medication in the absence of documented benefit or activity improvement would not be supported as medically necessary. The claimant's recent examination and clinical presentation gives no evidence of acute change in complaints. The use of narcotic medication for a work related injury that occurred greater than ten years ago with no acute complaints or findings would not be supported. Therefore, the requested hydrocodone/acetaminophen is not medically necessary or appropriate.