

<b>Case Number:</b>	CM14-0147110		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 36 year old male who sustained an industrial injury on 7/20/2012. He fell from a roof, and sustained a right distal fibula/ankle fracture. He has been treating primarily for right foot/ankle complaints. He has not returned to work. The 8/21/2013 x-rays of the right foot reveal no fracture or dislocation, no focal lesion, intact soft tissues, maintained joint spaces, small spurs at the base of the second proximal phalanx, and spurs at the margins of the interphalangeal joint of the toe. A 9/20/2013 electrodiagnostic study of the bilateral lower extremities revealed a normal Electromyography/Nerve Conduction Study (EMG/NCS). According to the podiatric follow-up dated 7/29/2014, the patient is seen for follow-up for his right ankle, the diagnoses are right ankle arthritis and plantar fasciitis. He reports 3/10 pain level, which is unchanged. He denies any change despite all the conservative care including injections, custom orthotics and physical therapy he is attending. On examination, he has antalgic gait, pain on palpation of anteromedial and anterolateral gutters, slight swelling, and no pain on palpation of peroneus brevis tendon and no pain with resisted inversion or any tests of the peroneals, no swelling at the peroneals. The patient is encouraged to perform an HEP, finish his physical therapy, wear the orthotics at all times, and recommended referral to a surgeon for arthroscopy. No further follow-ups are needed. The PR-2 dated 8/6/2014, the patient's pain level is 3/10. He complains of decreased LE strength. He has completed PT and takes tramadol. Objectively, there is TTP and abnormal gait indicated. There are no other relevant examination findings documented. Diagnoses are lumbar DDD, right knee pain, ankle foot pain in joint, pain in upper arm, right hip tear, and right elbow. Treatment plan is FCE, tramadol, continue TENS, and P&S foot/ankle/knee/elbow. Returning to work was discussed. Consider lumbar and hip ortho evaluation and f/u; the patient has minimal symptoms at this time, and does not want to pursue

invasive treatment. RTC: Will continue HEP, self TPT. Work restrictions are continued, however, the patient is not working.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Work Hardening Programs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21; 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation (FCE)

**Decision rationale:** The CA MTUS ACOEM states "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability."ODG: Functional Capacity Evaluation - Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally.The purpose and medical necessity of an FCE is not established in this case. The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or demonstrate he has injuries that require detailed exploration of his abilities. The medical records do not reflect that this patient is considered at/near MMI at this time, he is being recommended for ankle surgery. Furthermore, there is no evidence to support that the patient is a viable candidate for a work hardening program. The medical necessity of a Functional Capacity Evaluation has not been established. Therefore, the request is not medically necessary.

### **4 Pairs of Tens Patches: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-115.

**Decision rationale:** According to the CA MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions: Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. Furthermore, the patient has a TENS unit however, the medical records do not document any

subjective report pain relief, improved function and reduction of medication use as a result of TENS use. In the absence of documented benefit with TENS use, and in accordance with the guidelines, purchase of TENS pads is not medically necessary.

**Tramadol/APAP 37.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The patient reports his pain level is 3/10. Tramadol is not indicated for mild pain. Furthermore, the CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The patient has not returned to work. There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of Tramadol. Chronic or long-term use of opioids is not generally recommended. The medical necessity of Tramadol has not been established; therefore, the request is not medically necessary.