

Case Number:	CM14-0162457		
Date Assigned:	10/07/2014	Date of Injury:	11/12/2003
Decision Date:	11/04/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine, and is licensed to practice in New Jersey & New York. 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 injured worker is a 53 year-old male who injured his right foot on 11/12/03 due to an unknown mechanism. On exam, he had left greater than right foot neurological deficits, lack of lower extremity reflexes, decreased sensation, and tenderness. A 6/2013 CT scan of the right foot showed gross osteopenia with evidence of prior avulsion injury of the fibular tip. He was diagnosed with partial tibial tendon dysfunction, tendinitis, enthesopathy, capsulitis, and plantar fasciitis. He was treated with medications including Ibuprofen, Vicodin, and Norco, orthotics, and Physical Therapy with a Home Exercise Program. The patient was certified for calcaneal osteotomy, open reduction internal fixation of the calcaneus and repair of posterior tibial tendon. The current request is for surgery clearance, extra time with the patient, follow up visit for range of motion and manual muscle testing, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 History and physical for surgery clearance: Overturned

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

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

Clearance Other Medical Treatment Guideline or Medical Evidence: www.uptodate.com
Preoperative medical evaluation in a healthy patient

Decision rationale: The request is medically necessary. The patient will be having a surgical procedure that requires anesthesia. Although the patient does not have documented comorbidities in this limited chart, a history and physical is reasonable to assess for risk. Preoperative history and physicals are used to evaluate risk, direct anesthetic choices, and help with postoperative management. Preoperative testing is often done by protocol and not because of medical necessity therefore; this request is medically necessary.

1 Follow up visit to include range of motion and manual muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.93.

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

Decision rationale: The request is medically unnecessary. Range of motion and manual muscle testing can be done manually or through specialized computer testing. There must be a medical necessity to perform more than a manual exam. Muscle testing and range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. The patient has already been approved for surgical procedure and the outcome of this test would change the plan for surgery. Therefore, it is considered not medically necessary.

1 Prescription of Norco 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 Page(s): 78-79.

Decision rationale: A short course of opioids is appropriate following surgery to treat postoperative pain. However, the patient was dispensed Norco prior to surgery. Opioids are not recommended for long term use without evidence of functional improvement or pain reduction. His Norco was documented to decreased pain, "allowed him to be more functional, and complete activities of daily living." However, there were no quantified assessments at the time of prescription to verify these claims. Also, there was documentation, that Norco was not relieving pain for the patient and it was self-discontinued. An addendum showed that the patient's pain was decreased from 8-9/10 to 6-7/10 which may not be considered as significant when comparing the risk-to-benefit of chronic opiates. There is high addiction potential, with the need

for a drug contract, urine drugs screens, and future treatment plans and goals. The 4 A's were not adequately documented therefore; this request is not medically necessary.