MAXIMUS Federal Services

Case Number:	CM14-0185284		
Date Assigned:	11/13/2014	Date of Injury:	08/24/2014
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 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:

This is a 46 year old male patient who sustained a work related injury on 8/24/14Patient sustained the injury when he was wrestling with his friend.The current diagnoses include bilateral gastrocnemius contusion, bilateral ankle sprain/strain and bilateral ankle contusion.Per the doctor's note dated9/24/2014, patient has complaints of bilateral lower leg pain and bilateral ankle/foot pain.Physical examination revealed bilateral lower leg bruising/swelling over gastrocnemius muscles; tenderness posterior/lateral proximal calf muscles and medial lower leg; bilateral ankle bruises tenderness to palpation medially and laterally and decreased motor ankle flexors.Per the PT note dated 10/08/14 patient had complaints of bilateral ankle pain at 6-8/10Physical examination revealed flexion 10, extension 25, eversion 20 and inversion 10, 4/5 strength, tenderness on palpation and muscle spasm. The current medication list includes Ibuprofen. He has had X-ray for this injury which was normal. Diagnostic imaging reports were not specified in the records provided.Any surgical or procedure note related to this injury were not specified in the records provided.He was certified for 10 PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medication list contains Motrinwhether patient is taking any opioid medication or not is not specified in the records provided.Any history of substance abuse was not specified in the records provided.The medical necessity of the request for Urine toxicology screen is not fully established in this patient.

1 functional capacity evaluiation: 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), Guidelines for performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter (updated 9/23/14), Functional capacity evaluation (FCE).

Decision rationale: MTUS guideline does not specifically address this issue. Hence ODG used.Per the ODG guidelines cited below "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities.2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged." Any criteria listed in the guidelines that would require a FCE was not specified in the records provided.Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.-"He was certified for 10 PT visits for this injuryA trial and response to complete course of conservative therapy including PT visits was not specified in the records provided.Response to conservative therapy including PT was not specified in the records provided.Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted.The request for 1 functional capacity evaluation is not fully established for this patient.

1 bilateral ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Response to conservative treatment including PT and medication was not specified in the records provided.Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided.Any evidence of instability of the ankle on exam is not specified in the records provided.The request for 1 bilateral ankle brace is not fully established for this patient.

1 hot & cold unit: 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), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 11/21/14)

Decision rationale: The ACOEM guidelines cited below recommend "At-home local applications of cold in first few days of acute complaint ..."Per the cited guidelines cold packs is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004).... The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy ..."There is minimal evidence supporting the use of cold therapy for this diagnosis. The injury was sustained over 3 months ago. Evidence of an acute injury was not specified in the records provided.Rationale for not using a simple cold/hot pack at home was not specified in the records provided.The records provided do not specify a response to conservative measures including PT for this injury. The previous PT visit notes are not specified in the records provided. The records provided do not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this injury. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided.The medical necessity of the request for 1 hot & cold unit is not fully established in this patient.

12 physical therapy evaluation and treatment sessions for bilateral lower legs and ankles: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (updated 10/29/14), Physical therapy

Decision rationale: Per ACOEM guidelines cited below "Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added."In addition as per guideline "Initial and follow-up visits for education, counseling, and evaluation of home exercise"ACOEM Occupational Medicine Practice Guidelines does not adequately address number of PT visits for this diagnosis. Therefore, ODG guidelines were used. ODG recommends up to 9 visits over 8 weeks for the diagnosis as cited below.He was certified for 10 PT visits for this injury the requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria.There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient.As per ODG, when treatment duration or the number of visits exceeds the guideline, exceptional factors should be noted.A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The medical necessity of the request for 12 physical therapy evaluation and treatment sessions for bilateral lower legs and ankles is not fully established in this patient.

1 prescription of Menthoderm gel 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Menthoderm gel 240gm contains methyl salicylate and menthol.According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).Non-neuropathic pain: Not recommended....." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do

not specify that trials of antidepressants and anticonvulsants have failed.Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines.Topical menthol is not recommended in this patient for this diagnosis.The medical necessity of the request for Menthoderm gel 240gm is not fully established in this patient.