

Case Number:	CM14-0020156		
Date Assigned:	04/25/2014	Date of Injury:	06/18/2013
Decision Date:	09/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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:

The patient is a [REDACTED] employee who has filed a claim for right foot sprain associated with an industrial injury date of June 18, 2013. Thus far, the patient has been treated with physical therapy, strengthening exercises, NSAIDs, opioids, and bracing. Review of progress notes indicates improved right ankle pain and swelling with strengthening exercises and physical therapy. Findings of the right foot include decreasing tenderness over the lateral collateral ligament and sinus tarsi and mildly decreased strength upon plantarflexion. Ultrasound of the right sinus tarsi on November 19, 2013 showed synovitis and on January 07, 2014 showed decreased swelling along the lateral collateral ligament. Doppler of the right lower extremity from November 19, 2013 showed no deep vein thrombosis in the popliteal vein and from January 07, 2014 showed decreased bursitis along the ankle joint. Of note, patient has right foot talonavicular joint degeneration secondary to pre-existing clubfoot with multiple surgeries. Utilization review dated February 11, 2014 indicates that the claims administrator denied a request for right ankle ultrasound and Doppler as the patient already had two previous studies showing no DVT and tendonitis/bursitis that has already improved, and there are no recent findings to support another ultrasound or Doppler study; physical therapy as patient had 12 previous sessions and should have already progressed to an independent home exercise program; retrospective request for Prilosec as there is no documentation of GI risk factors; and retrospective request for hydrocodone as this is not first-line for musculoskeletal pain and no amount was provided. Anaprox was denied, stating there was no amount documented and to modify to #30 for short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; ULTRASOUND DIAGNOSTIC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Ultrasound, diagnostic.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, ultrasound is recommended for chronic foot pain suspected of having tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. In this case, patient has right ankle tendonitis and sprain for which two recent ultrasound studies have been performed that showed decreasing inflammation. There are no new-onset symptoms to suspect patient as having tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis as to warrant another ultrasound study. Therefore, the request for ultrasound of the right ankle was not medically necessary.

DOPPLER OF THE RIGHT FOOT, ANKLE, CALF: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: Imaging in Lower-Extremity Atherosclerotic Arterial Disease <http://emedicine.medscape.com/article/423649-overview>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medscape was used instead. According to Medscape, Doppler ultrasonography is used as a second line modality in the evaluation of lower extremity arterial disease. In this case, the patient already had two Doppler studies of the right lower extremity which showed no deep vein thrombosis and decreasing bursitis. Patient does not present with any new onset symptoms that would suggest venous thrombosis or decreased perfusion of the lower extremity to warrant a repeat Doppler study. Therefore, the request for Doppler of the right foot, ankle, calf was not medically necessary per the guideline recommendations.

ADDITIONAL PHYSICAL THERAPY, X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Physical therapy (PT).

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. ODG recommends 9 visits for patient's condition. This patient had a total of 12 physical therapy visits with improvement in swelling, pain and, and function. Patient is able to work full duty. At this time, patient already exceeds guideline recommendations of 9 visits, and should be able to transition to a home exercise program. Also, the current request does not indicate the specific body part. Therefore, the request for additional physical therapy x6 was not medically necessary per the guideline recommendations of CA MTUS and ODG.

RETRO: PRILOSEC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Patient has been on this medication since at least September 2013. There is documentation that patient had gastritis with use of ibuprofen in the past. However, patient does not experience any adverse GI side effects upon review of recent progress notes to necessitate continued use of this medication. The requested quantity and dosage is not specified. Also, utilization review determination dated March 26, 2014, has already certified a retrospective request (date of service January 07, 2014) for omeprazole. Therefore, the retrospective request for Prilosec is not medically necessary.

RETRO: HYDROCONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since September 2013. There is no documentation regarding periodic urine drug screens or objective functional benefits derived from this medication. Also, the requested quantity and dosage is not specified. Lastly, utilization review determination dated March 26, 2014, has already certified this retrospective request (date of service January 07, 2014). Therefore, the retrospective request for hydrocodone is not medically necessary.

Anaprox (Retrospective): 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 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the notes reviewed, the patient has been on anaprox since at least 12/17/2013, and in the latestest progress report dated 1/7/2014, there was no documented functional improvement noted with the patient's analgesic regimen. Furthermore, there was no quantity provided, which is needed to access dose and length of regimen. Therefore, the request for Anaprox is not medically necessary.