

Case Number:	CM14-0098367		
Date Assigned:	07/28/2014	Date of Injury:	07/10/2013
Decision Date:	10/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 47 year old male who reported an injury on 07/10/2013 fell off a bicycle. The injured worker was diagnosed with status post open right ankle fracture with open reduction/ internal fixation. The injured worker was treated with surgery and home exercise program. The injured worker had unofficial x-rays of right ankle on 09/03/2013, 10/15/2013, and 01/14/2013. The injured worker had open right ankle fracture with open reduction/ internal fixation on 07/11/2013. On the clinical note dated 06/03/2014, the injured worker complained of right ankle and foot pain. The injured worker had moderate swelling on the ankle joint, tenderness to palpitation over the medial and lateral joint line and extensor tendons. The injured worker was noted to have crepitus upon ranging with range of motion of the right ankle at 16 degrees flexion, 15 degrees extension, 18 degrees inversion, and 13 degrees eversion. The injured worker was prescribed Norco 5/325mg every 6 hours as needed for pain. The treatment plan was for 18 Physical therapy visits and Norco 5/325 mg # 120. The rationale for the request was improve range of motion, decrease pain and swelling and improve gait, as well as to decrease medications. The request for authorization was submitted for review on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits between 06/03/2014 and 07/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, Ankle & Foot (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 18 Physical therapy visits between 06/03/2014 and 07/25/2014 is not medically necessary. The injured worker is diagnosed with status post open right ankle fracture with open reduction/ internal fixation. The injured worker complained of right ankle and foot pain. The injured worker had moderate swelling on the ankle joint, tenderness to palpitation over the medial and lateral joint line and extensor tendons. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits over 8 weeks. The injured worker was noted to have crepitus upon ranging with range of motion of the right ankle at 16 degrees flexion, 15 degrees extension, 18 degrees inversion, and 13 degrees eversion. There is a lack of documentation indicating whether the injured worker previously attended physical therapy, as well as the efficacy of any prior physical therapy and the number of sessions completed. Additionally, the request is for 18 visits which exceeds the guideline recommendation of 9-10 visits. As such, the request for 18 Physical therapy visits between 06/03/2014 and 07/25/2014 is not medically necessary.

1 prescription Norco 5/325 mg # 120 between 06/03/2014 and 07/25/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: The request for 1 prescription Norco 5/325 mg # 120 between 06/03/2014 and 07/25/2014 is not medically necessary. The injured worker is diagnosed with status post open right ankle fracture with open reduction/ internal fixation. The injured worker complains of right ankle and foot pain. The injured worker has moderate swelling on the ankle joint, tenderness to palpitation over the medial and lateral joint line and extensor tendons. The California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The guidelines recommend performing baseline pain and functional assessments. The function assessment should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. There is a lack of documentation indicating the injured worker's pain failed to improve with non-opioid medications. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain and function. The documentation did not include a urine drug. Additionally, the request

does not indicate the frequency of the medication. As such, the request for 1 prescription Norco 5/325 mg # 120 between 06/03/2014 and 07/25/2014 is not medically necessary.