

Case Number:	CM15-0129706		
Date Assigned:	07/16/2015	Date of Injury:	11/17/2012
Decision Date:	08/19/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Anesthesiology

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 51 year old female who sustained an industrial injury on 11/17/2012. Current diagnoses include ankle fracture, wrist tendinitis/bursitis, De Quervains, carpal tunnel syndrome, and osteoarthritis not otherwise specified of hand. Previous treatments included medications, right foot surgeries, and physical therapy. Initial injuries occurred to the right foot and ankle when she was descending down stairs and she fell. Report dated 05/21/2015 noted that the injured worker presented with complaints that included bilateral wrist and hand pain along with bilateral thumb pain with weakness, and right sided ankle pain with weakness. The physician noted that the injured worker has received authorization to proceed with removal of the hardware in the right ankle and surgery has been scheduled on 05/29/2015. Physical examination was positive for loss of range of motion. The treatment plan included requests for a wheel chair post operatively, 12 sessions of post-operative aquatic therapy to reduce pain, increase function, and avoid further aggravation of her industrial injuries, Levaquin to prevent post operative infection, and Zofran for post operative nausea on an as needed basis, re-evaluation in three weeks, and request for Relafen and Prevacid. The physician documented that the injured worker is very sensitive to narcotic medications with instances of nausea and emesis. Disputed treatments include 12 post-operative aqua therapy visits for the right ankle, Levaquin, and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post op aqua therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to CA MTUS Guidelines (2009), aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, there is limited documentation of significant objective and functional deficits in the physical exam to support the need for reduced weight-bearing in order to progress with therapy. The requesting physician does not provide a rationale for why the injured worker cannot perform land based physical therapy. Therefore, the request for 12 post-operative aqua therapy sessions is not medically necessary.

Levaquin 500mg #3: 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 Official Disability Guidelines (ODG) Levofloxacin (Levaquin), infectious disease.

Decision rationale: The California MTUS is silent regarding Levaquin. The Official Disability Guidelines (ODG) recommends levofloxacin (Levaquin) as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). The submitted medical records do not support a diagnosis of osteomyelitis, chronic bronchitis, or pneumonia. Furthermore the requesting physician noted that the request was for prevention of an infection. Therefore, the request for Levaquin 500mg #3 has not been established. The requested medication is not medically necessary.

Zofran 8mg #10: 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 Official Disability Guidelines (ODG) Antiemetics (for opioid nausea).

Decision rationale: The California MTUS is silent regarding Ondansetron (Zofran). The Official Disability Guidelines (ODG) cite that Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. There is no indication for this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.