

Case Number:	CM15-0176850		
Date Assigned:	09/17/2015	Date of Injury:	04/16/2004
Decision Date:	11/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 46 year old female, who sustained an industrial injury on 4-16-2004. The injured worker is being treated for status post right ankle open reduction internal fixation (ORIF). Treatment to date for the right ankle has included surgical intervention, physical therapy, activity modification, and medications. Per the Primary Treating Physician's Progress Report dated 8-05-2015, the injured worker presented for follow-up of work related injuries to her neck, bilateral hands, wrists and right ankle. She reported neck, bilateral hand and wrist, and right ankle pain rated as 10 out of 10. Current medications include Norco, Soma, Sonata, Zoloft, Wellbutrin and Ativan. Objective findings of the right ankle included tenderness to the lateral malleolar with a well healed incision with palpable hardware noted. Work status was temporarily totally disabled. The plan of care included surgical intervention and authorization was requested for right ankle removal of hardware, orthopedic reevaluation, one trigger point injection, one pair of crutches, preoperative clearance, Zofran 8mg #10, Duricef 500mg, Norco 10-325mg #60 and 8 session of postoperative physical therapy. On 8-26-2015, Utilization Review non-certified the request for one trigger point injection, preoperative clearance, and Duricef 500mg, and modified a prescription for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 8/5/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the request is not medically necessary.

Pre Operative Clearance (with specialist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule - Surgery General Information & Ground Rules, 1999 edition, pages 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) Low back, Preoperative clearance.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 46 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Associated Surgical Services: Duricef 500 mg, quantity unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN) - Antibiotic prophylaxis in surgery, A national guideline, 2008, July, p 71, publication no 104.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Duricef. According to the ODG, Infectious Disease Chapter, Cefadroxil (Duricef) is recommended as first line treatment for infections. In this case, the records submitted of 8/5/15 does not demonstrate any evidence of active infection. Therefore the request is not medically necessary.

Associated Surgical Services: Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/5/15. Therefore the request is not medically necessary.