

Case Number:	CM15-0178963		
Date Assigned:	09/21/2015	Date of Injury:	10/02/2013
Decision Date:	11/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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 59 year old female, who sustained an industrial injury on 10-02-2013. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for synovitis left ankle as a result of chronic ankle sprain, right ankle pain, right knee contusion, lumbar myofascial pain, and right shoulder pain. Treatment and diagnostics to date has included cognitive behavioral therapy, left ankle MRI, and medications. Current medications include Cyclobenzaprine, Hydrocodone, Naproxen, and Pantoprazole. Left ankle MRI report dated 02-13-2014 stated "positive for grade 1-2 distal posterior tibial tendinitis with some overlying edema which extends back to the medial malleolar region. There is also some mild bone marrow edema in the dorsal aspect of the medial malleolus, near the posterior tibial tendon more proximally. At that site however the tendon appears within normal limits. Negative for focal injury to an articular surface. There is a small effusion however. Negative for acute ligamentous injury". In a progress note dated 08-03-2015, the injured worker reported left ankle pain rated 7 out of 10 and right ankle, right knee, low back, and right shoulder pain rated 3-5 out of 10. Objective findings included favors right lower extremity with ambulation, pain with ankle range of motion, right knee tenderness, and crepitation with range of motion. The request for authorization dated 08-20-2015 requested left ankle arthroscopic synovectomy with anesthesia and preoperative laboratory evaluations, electrocardiogram test, history and physical, postoperative physical therapy 3x4 weeks, postoperative medications: Norco 10-325mg #60, Anaprox 550mg #60, Keflex 500mg #28 1 tablet 4 times a day, Tramadol 50mg #60 or Tramadol ER 150mg #30, chiropractic treatment

lumbar spine at 3 times per week for 4 weeks, consultation with psychiatrist, and prescribed on 08-03-2015: Cyclobenzaprine 7.5mg daily #30, Naproxen 550mg twice a day #60, Pantoprazole 20mg twice a day #60. The Utilization Review with a decision date of 08-28-2015 denied the request for left ankle arthroscopic synovectomy, Norco 10-325mg #60, Anaprox 550mg #60, Keflex 500mg #28, Tramadol 50mg #60, Tramadol ER 150mg #30, and postoperative physical therapy 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopic synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot chapter.

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, Ankle arthroscopy.

Decision rationale: Per the ODG Ankle and Foot criteria, "Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures." In this case there is no evidence in the cited records from 8/3/15 of significant pathology to warrant surgical care. Therefore the determination is for not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

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 8/3/15. Therefore the determination is for not medically necessary.

Anaprox 550mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 8/3/15. Therefore determination is not medically necessary.

Keflex 500mg #28: 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 Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam. Physician. 2002 Jul 1;66(1):119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections," Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted from 8/3/15 of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

Tramadol 50mg #60 or Tramadol ER 150mg #30: 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): Opioids, criteria for use.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 8/3/15 of failure of primary over the counter non-steroidals or moderate to severe pain to warrant Tramadol. Therefore the use of Tramadol is not medically necessary.

Post-op physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.