

Case Number:	CM15-0067117		
Date Assigned:	04/14/2015	Date of Injury:	05/08/2013
Decision Date:	05/27/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/08/2015

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, Sports Medicine

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 41 year old female, who sustained an industrial injury on 5/8/2013. She reported injury from a fall from a ladder. The injured worker was diagnosed as having right knee medial meniscus derangement, right knee pain, right ankle pain and left knee pain. Treatment to date has included surgery, physical therapy and medication management. The injured worker underwent an x-ray of the foot and ankle 3 views on 08/28/2014 which revealed no osteochondral lesions, no acute fractures and there were well preserved joint spaces and an intact mortise. The injured worker underwent an MRI of the right ankle on 02/13/2015 which revealed an osteochondral lesion in the posterior tibial plafond. There was plantar calcaneal enthesophyte and mild scarring of the medial plantar cord. There was no evidence of acute plantar fasciitis. The documentation of 03/26/2015 revealed the injured worker had physical therapy and was utilizing a cane for ambulation. The injured worker complained of intractable bilateral knee pain and right foot pain. The injured worker was noted to be continuing to use pain medications and modified activity level related to the right ankle. The severity of symptoms was moderate. Associated symptoms including shooting pain, tingling, waking up at night, and swelling. The ankle brace was noted to be helping and allowing better ambulation. The injured worker's current medications included Ultracet, Prilosec, Anaprox DS, and chondroitin glucosamine. The diagnoses included loose body ankle right and SSATFL right. The medications were noted to be indicated for functional restoration and to help with pain control. It was noted the injured worker continued to be symptomatic and wished to proceed surgically. Reconsideration was requested. The documentation indicated the injured worker had trialed standard conservative care and had

been unresponsive to nonsurgical treatment. As such, the request was made for a right ankle arthroscopic chondroplasty and debridement. The documentation of 02/12/2015 revealed the injured worker was utilizing Anaprox and Ultracet which helped with activities of daily living and pain. It gave her relief for 4 hours. The treating physician is requesting right ankle arthroscopic chondroplasty and debridement, Sprix spray, 12 physical therapy sessions, crutches, Anaprox and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopic Chondroplasty and Debridement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 and 375.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise program to increase range of motion and strength of musculature around the ankle and foot and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the injured worker had objective findings upon MRI. However, there was a lack of documentation of the duration of conservative care specifically directed at the right ankle. There was a lack of documentation of objective findings upon examination to support the necessity for surgical intervention. Given the above, the request for right ankle arthroscopic chondroplasty and debridement is not medically necessary.

Post Operative Sprix Spray, quantity 5 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative Physical Therapy, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 pair of crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Anaprox DS 550mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker was helped to perform activities of daily living with the use of medication. However, the objective functional benefit and objective decrease in pain was not provided. There was a lack of documented rationale for 1 refill of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Anaprox DS 550 mg quantity 90 with 1 refill is not medically necessary.

Ultracet 37.5/325mg quantity 60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, on-going management Page(s): 60 and 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was helped with activities of daily living and pain with the use of the medication. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. There was documentation the injured worker was being monitored for side effects.

The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 1 refill without re-evaluation. Given the above, the request for Ultracet 37.5/325mg quantity 60 with one refill is not medically necessary.