

<b>Case Number:</b>	CM15-0067513		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old male patient, who sustained an industrial injury on August 27, 2007. The diagnoses include ankle/foot contusion and sprain. He sustained the injury due to slipped and fell on to the floor. Per the progress note dated March 16, 2015 he had complains of ankle pain improving with therapy. Physical exam notes no sign of infection, the skin looks good and no instability. The medications list includes voltaren and tylenol. He has had left ankle MRI on 11/12/2012. He has undergone left ankle arthroscopic surgery on 2/5/2015. He has had at least 21 post op physical therapy visits till 4/22/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 25mg (unspecified qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac sodium (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Diclofenac. Diclofenac sodium (Voltaren, Voltaren-XR).

**Decision rationale:** According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." (Van Tulder-Cochrane, 2000) Patient had chronic left ankle pain. Therefore, use of NSAID is medically appropriate and necessary. However, per the cited guidelines "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk..." The response and failure of other NSAIDs like ibuprofen and naproxen is not specified in the records provided. The request for Voltaren 25mg (unspecified qty) is not medically necessary and appropriate as a first line NSAID due to its risk profile.

**18 physical therapy treatments for the left ankle and foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy - page 98 Post-Surgical Treatment Guidelines Post Surgical Rehabilitation (8 CCR 9792.24. 3), Ankle and Foot.

**Decision rationale:** Request: 18 physical therapy treatments for the left ankle and foot. The cited guidelines recommend up to 10 physical therapy visits for surgery. Per the records provided, patient has already had at least 21 post op physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered occupational sessions are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous occupational therapy visits that is documented in the records provided. In addition per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 18 physical therapy treatments for the left ankle and foot is not established for this patient at this time. The request is not medically necessary.

**18 chiropractic care treatments for the left ankle and foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Request: 18 chiropractic care treatments for the left ankle and foot. Per the cited guidelines regarding chiropractic treatment "Ankle & Foot: Not recommended." Therefore, there is no high grade scientific evidence to support chiropractic care for ankle and foot injuries." One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic."Response to previous conservative therapy including physical therapy visits is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 18 chiropractic care treatments for the left ankle and foot is not fully established for this patient. The request is not medically necessary.