

Case Number:	CM15-0067709		
Date Assigned:	04/15/2015	Date of Injury:	08/25/2004
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female who sustained an industrial injury on 8/25/04 when she stepped on a large patch of dirt causing her weight to shift suddenly resulting in injury to her left ankle when she rolled it. She had a talonavicular arthrodesis to the left foot. She currently complains of continued burning left foot and ankle pain with pins and needles sensation. Her pain level is 8/10. She has sleep disturbances due to pain. Aspects of activities of daily living that relate to weight bearing are limited. Medication is naproxen. Diagnoses include prior talonavicular arthrodesis, left, with lingering pain; degenerative joint disease of the CC and STJ, left foot; dorsal exostosis of the NC joint, left; painful prominent hardware, left. Treatments to date include left sinus tarsi/ subtalar joint injection (8/19/14) with nor relief, medication, physical therapy, acupuncture and chiropractic care with minimal benefit. Diagnostics include MRI of the left ankle (4/17/14) abnormal results. In the progress note dated 11/20/14, the treating provider's plan of care includes Naprosyn to assist with lingering inflammation and pain; follow up for left knee and ankle as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up as needed with podiatry for the left foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 112 and 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127.

Decision rationale: The patient has ongoing left foot and ankle pain. The current request is for F/U as needed for podiatry for the left foot and ankle. According to the ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, however, the current request is open ended. The request for podiatry consultation is indicated. However, the open-ended request is not consistent with guidelines and therefore the request is denied. The request is not medically necessary.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The patient has ongoing left foot and ankle pain. The current request is for Naproxen Sodium 550mg #60. MTUS guidelines for medications for chronic pain state pages 60, 61 state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." It is not known when the patient began taking this medication. Prior records do indicate that on 2/5/13, the patient has a history of ulcers and she reported that she could not take anti-inflammatory medication. In this case, medication efficacy must be documented but there is no discussion of it in the available records. Furthermore, past medical records indicate that the patient has a history of ulcers and does not do well with anti-inflammatory medications. As such, recommendation is for denial. The request is not medically necessary.