

<b>Case Number:</b>	CM15-0068487		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: North Carolina  
 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:

The injured worker is a 45-year-old male, with a reported date of injury of 03/21/2014. The diagnoses include left ankle sprain. Treatments to date have included an x-ray of the left ankle, physical therapy, and an MRI of the left ankle. The initial comprehensive orthopedic evaluation report dated 03/26/2015 indicates that the injured worker complained of right hip pain, rated 5 out of 10; left knee pain, rated 7 out of 10; left leg pain, rated 10 out of 10; left ankle pain, rated 8 out of 10; and left shoulder pain, rated 5 out of 10. The left ankle pain radiated to the left leg, foot, and toes. The objective findings include limited left ankle range of motion, significant swelling of the left ankle, tenderness of the left ankle, spasm and tightness of the peroneus longus and soleus muscles, and a mildly antalgic gait without the use of a cane or any other assistive devices. The treating physician requested a walking boot for the left ankle and laboratory test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walking boot for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ankle immobilization.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG does not recommend cast immobilization unless there is clear evidence of an unstable joint or severe ankle sprain. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.

**Labs to include Chem 8, hepatic function, CPK, CRP, arthritis panel, and CBC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, GUIPCAR group. Update of the clinical practice guideline for the management of rheumatoid arthritis in Spain. Madrid (Spain); Spanish Society of Rheumatology; 2011 Dec. 367 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-73.

**Decision rationale:** The California MTUS section on NSAID therapy and blood chemistry monitoring states: Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The request is due to the fact the patient will be starting NSAID therapy. The labs CPK and CRP has no clinical relevance and are not recommended labs for monitoring with NSAID use. Therefore, the request is not medically necessary.