

Case Number:	CM15-0090280		
Date Assigned:	05/14/2015	Date of Injury:	09/24/2014
Decision Date:	09/17/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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, Arizona

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 74 year old male who sustained an industrial injury on 09/24/2014. Mechanism of injury was a fall in a parking lot injuring his left ankle. Diagnoses include tear of the tibias anterior tendon, left ankle bone contusion, and soft tissue swelling or mild tear involving a portion of the flexor hallucis longus muscle, bone contusions involving the second metatarsal, the cuboid and the tarsal navicular. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation unit, and ankle brace. A physician progress note dated 04/13/2015 documents the injured worker complains of severe pain in the left foot and left ankle, which he rates as 9 out of 10 on a scale of 1-10. He describes his pain as a constant pain radiating proximally to his left foot and left leg, and is associated with tingling, cramping, throbbing, stabbing, aching and sharp pain along with weakness, stiffness and giving way. He has limited range of motion with flexion, extension, and rotation. On examination there is some mild edema anterior to both the medial and lateral malleolus. There was moderate tenderness to significant tenderness to palpation over the entirety of the medial and lateral malleolus as well as most significantly over the anterior tibio talar joint space. Range of motion was limited. He was unable to weight bear during ambulation due to pain and discomfort. Magnetic Resonance Imaging of the left ankle done on 01/08/2015 revealed a tear of the tibialis anterior tendon, bone contusion, bone edema, or micro trabecular fractures, involving the second metatarsal, the cuboid and the tarsal navicular, and a questionable partial tear of the anterior talofibular ligament. Magnetic Resonance Imaging of the left tibia and fibula done on 04/01/2015 revealed a tear of the tibialis

anterior tendon and soft tissue swelling, or mild tear involving a portion of the flexor hallucis longus muscle. Treatment requested is for DME Walking Boot, Lab Arthritis Panel, Laboratory studies CBC, Laboratory studies CPK, Laboratory studies CRP, Tramadol 50 MG Qty 120, and a Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Walking Boot: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME.

Decision rationale: California MTUS and ACOEM do not address durable medical equipment. Per ODG, durable medical equipment is indicated if there is a medical need and if the device or system meets Medicare's definition for durable medical equipment. The term DME is defined as durable medical equipment, which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in a person's home. This injured worker has medical issues that would warrant a walking boot, given MRI findings and inability to bear weight on examination along with diffuse tenderness. Medical necessity has been substantiated at this time.

Lab CBC: Upheld

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

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

Decision rationale: There is a clear rationale behind the CBC request. The CA MTUS suggests these labs may be indicated in those on chronic NSAIDs given potential adverse effects to Hemogram and/or renal function panel. Without further clarification, this request cannot be supported and is not medically necessary.

Lab CPK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>.

Decision rationale: Medline Plus states that CPK levels are typically indicated to evaluate for injury to the muscle tissues. There is lack of mention of the injured worker possibly having rhabdomyolysis, or what the rationale behind the CPK order is, to justify certification. As such, this request is not medically necessary at this time.

Lab CRP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>.

Decision rationale: Medline Plus states CRP levels are usually indicated to evaluate for general inflammation in the body, but cannot pinpoint the exact location. Rationale for ordering the CRP is not specifically stated. Medical necessity has yet to be substantiated.

Lab Arthritis Panel: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>.

Decision rationale: Within the submitted documentation, it is noted the injured worker has arthritic complaints with joint space pain to palpation and painful ROM, and as a result, a panel to evaluate and/or establish a recent baseline would be indicated. This request is supported and is medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 77-79.

Decision rationale: According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no mention that this injured worker is at high risk for abusing pain medications. Necessity has yet to be established and a UDS is therefore, not medically necessary.

Tramadol 50 MG Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids to treat neuropathic pain Page(s): 82-84.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. There is no mention of failure to first line agents. There is no frequency listed with the request for Tramadol. Also, the 4 A's for ongoing treatment with opiates has not been documented. Without the above-mentioned issues, clarified, medical necessity is not substantiated and the request is non-certified.