

Case Number:	CM15-0094073		
Date Assigned:	05/20/2015	Date of Injury:	09/29/2009
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, 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:

The injured worker is a 45-year-old female, who sustained an industrial injury on September 29, 2009. She reported the sudden onset of right ankle pain. The injured worker was diagnosed as having left ankle pain. Diagnostic studies to date have included x-rays and MRI. Treatment to date has included medications including pain, muscle relaxant, and anti-anxiety. On April 8, 2015, the injured worker reports her left foot and ankle are unchanged. The physical exam revealed no frank swelling of the left foot and ankle, mild to moderate tenderness to palpation at the left posterior tibialis, decreased range of motion, normal muscle strength, a negative anterior drawer, a palpable clink from the lateral foot with compression of the metatarsal heads, and point tenderness on the plantar side of the 2nd metatarsophalangeal joint without palpable abnormality. The treatment plan includes physical therapy for the left foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six (12) for the left foot and ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 370.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant does not have the inability to perform exercises at home the amount of therapy exceeds the amount recommended by the guidelines. The MTUS allow for up to 8-10 visits. The 12 visits of therapy requested is not medically necessary.

Voltaren Get 1% 100 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis. The claimant had been on opioids as well without indication of decreased use. The location of application was not specified. The request for topical Voltaren is not medically necessary.