

Case Number:	CM15-0096641		
Date Assigned:	05/27/2015	Date of Injury:	02/27/2008
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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 61-year-old female, who sustained an industrial injury on 2/27/08. The diagnoses have included lumbar spinal stenosis with neurogenic claudication, post laminectomy syndrome of the lumbar region, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, diagnostics, activity modifications, complex bilateral hip surgeries, physical therapy, and home health care nursing for injections and wound care, and other modalities. Currently, as per the physician progress note dated 3/13/15, the injured worker returns following a revision of failed left hip arthroplasty. It is noted that there is some improvement in the hip pain with resolution of left hip audible crepitus. Following surgery there was evidence of left leg length discrepancy with the left leg shortening and abnormal gait. She has developed severe left lateral knee pain over the fibular head radiating into the ankle. The physical exam reveals restricted gait with evidence of leg length discrepancy. There is left leg shortening. There is severe pain over the left fibular head with positive Tinel and mild hypoesthesia in the peroneal nerve distribution. The current medications included Tizanidine, Arthrotec, Ultram, Amitiza and Dexilant. The urine drug screen dated 2/3/15 was inconsistent with the medications prescribed. There were no diagnostic reports noted in the records. The physician noted that the injured worker continues to have chronic pain although improved with recent revision hip arthroplasty and resolution of left groin hip pain and audible crepitus. Unfortunately, she has been left with problems of left leg discrepancy in which orthotics remain pending. She has developed signs and symptoms of common peroneal entrapment and left lateral ankle pain as a result of the abnormal gait. The physician requested

treatments included Ultrasound of the left lateral ankle, Norco 10/325mg #60 and Ultrasound of the left common peroneal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left lateral ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: According to the guidelines, x-rays are indicated for acute fractures or joint effusions within the guidelines of the Ottawa ankle rules. AN MRI is indicated for ligamentous involvement. In this case, there was concern for common peroneal entrapment due to an entalgic gait. Electrodiagnostic studies were not requested to determine entrapment. MRI is the preferred diagnostic for the claimant's findings. The request for an ultrasound of the left ankle is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol for several months. There were inconsistencies in the urine drug screen previously. No one opioid is superior to another. Pain scores were not routinely documented. The use of Norco is not medically necessary.

Ultrasound of the left common peroneal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: According to the guidelines, x-rays are indicated for acute fractures or joint effusions within the guidelines of the Ottawa ankle rules. An MRI is indicated for ligamentous involvement. In this case, there was concern for common peroneal entrapment due to an entalgic gait. Electrodiagnostic studies were not requested to determine entrapment. MRI is the preferred diagnostic for the claimant's findings. The request for an ultrasound of the left common peroneal is not medically necessary.