

Case Number:	CM15-0099851		
Date Assigned:	06/02/2015	Date of Injury:	08/29/2014
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 70-year-old woman sustained an industrial injury on 8/29/2014. The mechanism of injury is not detailed. Evaluations include left ankle MRIs dated 12/7/2014 and 9/5/2014. Diagnoses include ankle and foot arthralgia and closed dislocation of the ankle. Treatment has included oral medications, use of a cane, and surgical intervention. Physician notes dated 4/8/2015 show complaints of left ankle pain with radiation down to the heel and foot with numbness and tingling and up to the calf. Recommendations include heat/ice as needed, topical analgesic application, stretch and strengthening home exercise program, over the counter analgesic/anti-inflammatory medications, weight loss, left ankle MRI, left ankle CT scan, and warm Epsom salt soaks, Voltaren gel, use cane in right hand, ad left ankle ASO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG (Foot and Ankle Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: This 70 year old female has complained of ankle pain since date of injury 8/29/14. She has been treated with surgery, physical therapy and medications. The current request is for MRI without contrast of the left ankle. The available medical records document that an MRI of the left ankle was performed in 12/2014. There is no documentation of new symptomatology or physical exam findings that would indicate the need for identical repeat testing at this time. On the basis of the available medical records and per the ACOEM guidelines cited above, MRI of the left ankle is not indicated as medically necessary.

Voltaren Gel 1% x 3 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 70 year old female has complained of ankle pain since date of injury 8/29/14. She has been treated with surgery, physical therapy and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel is not indicated as medically necessary.

ASO Brace for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: This 70 year old female has complained of ankle pain since date of injury 8/29/14. She has been treated with surgery, physical therapy and medications. The current request is for ASO brace for the left ankle. Per the ACOEM guidelines cited above, an ankle brace is not recommended in the treatment of chronic ankle pain. On the basis of the available medical records and per the ACOEM guidelines cited above, ASO brace for the left ankle is not indicated as medically necessary.