

<b>Case Number:</b>	CM13-0030383		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient reported an injury on 09/20/2012 when his left foot got caught in a pallet and he twisted it. He is reported to have been seen by [REDACTED] on 10/16/2012 and is reported to complain of 3 weeks persistent posterior heel pain. X-rays performed on that date were reported to show small avulsed fragments of the posterior left calcaneus and likely Achilles tendon slightly avulsed periosteum. The patient was reported on that date to have been given crutches and referred for an orthopedic evaluation. On 11/29/2012, the patient was seen by [REDACTED] who reported the patient complained of left foot and ankle pain. The patient is reported to have complaints of constant pain in his left ankle and the heel of his left foot and occasional pain in his left thigh which he attributed to walking with an awkward gait. On physical examination, the patient was noted to have swelling at the insertional site of the Achilles tendon to the calcaneus of the left heel, tenderness to palpation of the Achilles tendon, range of motion of the left ankle was limited, the patient had 5/5 muscle strength of the bilateral lower extremities in all muscle groups tested, and normal reflexes. The patient was prescribed molded insoles and on 01/14/2013, the patient was noted to have persistent ankle and heel pain at the left foot and also pain of the left thigh. He is noted to have continued tenderness over the Achilles, calcaneus, and limited range of motion of the left ankle. An MRI of the left foot performed on 03/12/2013 noted severe bursitis involving the retrocalcaneal bursa, mild Achilles tendinosis involving the distal 4 cm of the Achilles tendon with a superimposed very low-grade partial tear involving the medial deep fibers of the Achilles tendon and his and its calcaneal attachment and lateral intrasubstance distal fibers at the same level. There were patchy areas of mild bone marrow edema involving the posterior calcaneus and chronic low grade sprain of the anterior fib

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy 2 x 6 for left foot/ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Physical Therapy (PT).

**Decision rationale:** The reported an injury to his left foot and ankle on 09/20/2012 when he is reported to have gotten his foot caught on a pallet and to have twisted his foot and ankle. He is reported to have undergone x-rays that show small avulsion fragments that was reported to show a small inferior heel spur, mild degenerative changes, and no evidence of acute fracture, dislocation, or soft tissue masses or foreign bodies. He is reported to have tenderness over the Achilles tendon. An MRI performed on 03/12/2013 noted tendinosis of the Achilles tendon with very low-grade partial tears involving the deep medial fibers of the Achilles tendon at the calcaneal attachment and lateral intrasubstance distal fibers at the same area with a chronic low-grade sprain of the anterior tibiofibular ligament. He is noted to have been prescribed physical therapy and to continue to complain of pain and stiffness of the left ankle, heel, and foot; continued to have tenderness over the left ankle. He is noted to have previously treated with heel arthrosis and medications and completed 6 sessions of previously authorized physical therapy. California MTUS Guidelines recommend up to 9 to 10 visits for treatment of myalgia or myositis. Official Disability Guidelines recommend 9 visits over 8 weeks for treatment of ankle or foot sprains. The patient is noted to have completed 6 sessions of physical therapy to date. As such, the request for an additional 12 sessions of physical therapy exceeds guideline recommendations. In addition, there is no documentation of the patient's response to the previous 6 sessions of physical therapy with reports of functional improvement. As such, the need for additional physical therapy is not established. Based on the above, the request for physical therapy 2x6 for left foot/ankle is non-certified.

**Ketoprofen/Cyclo/Lido Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The patient reported an injury to his left ankle and foot on 09/20/2012 when he is reported to have caught his foot on a pallet and twisted his foot and ankle. He is reported to complain of ongoing pain of the left foot and ankle. He is noted to have undergone x-rays which were reported to show small avulsed fragments at the posterior left calcaneus and likely Achilles tendon slightly avulsed periosteum. He is noted to have undergone an MRI that showed

tendinosis and very low-grade tearing of the Achilles tendon at the insertion site of the Achilles tendon. He is reported to have treated conservatively with physical therapy, orthosis, and medications. The patient is noted to have been prescribed a compounded ointment containing ketoprofen, cyclobenzaprine, and Lidoderm cream. California MTUS Guidelines state there is little to no research to support the use of many of the agents used in topical compounded products and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state that ketoprofen is not recommended for topical treatment as there is a high incidence of photocontact dermatitis. They do not recommend the use of any muscle relaxants as there is no evidence to support the use and state lidocaine is indicated for treatment of neuropathic pain, but only in the form of a dermal patch and is not approved for use of creams, lotions, or gels. As the requested cream includes ketoprofen, cyclobenzaprine, and lidocaine, none of which are indicated for topical use in the form requested, the request for ketoprofen/cyclo/lido cream is non-certified.