

<b>Case Number:</b>	CM14-0004600		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine 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 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/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 injured worker is a 54-year-old male who reported an injury on 03/30/2009 after he was struck by a tractor. The injured worker's treatment history included physical therapy, medications, a home exercise program and custom bilateral ankle foot orthotic therapy. The injured worker was evaluated on 09/19/2013. It was documented that the injured worker had ongoing ankle pain. Physical findings included restricted range of motion of the left ankle described as 0 degrees in dorsiflexion to 15 degrees in plantar flexion with no evidence of reflex sympathetic dystrophy. The injured worker's diagnoses included reflex sympathetic dystrophy limb, tarsal tunnel syndrome, osteoarthritis of the ankle and foot, ankle/foot arthralgia, lumbago, plantar fasciitis, edema and aftercare healing of a traumatic fracture of the lower extremity. The injured worker's treatment plan included ankle surgery, continuation of a home exercise program and the use of ketoprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT ANKLE SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 14: ANKLE AND FOOT COMPLAINTS, 374

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 14, 374-375

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical considerations for injured workers who have clear clinical and imaging evidence of functional deficits that would benefit from surgical repair that have failed to progress through an exercise program intended to avoid surgical intervention. The clinical documentation submitted for review does provide evidence that the injured worker has persistent ankle pain recalcitrant to active therapy, orthotics and anti-inflammatory medications. However, an imaging study supporting the need for surgical intervention was not provided. Additionally, the request as it is submitted, does not specifically identify what type of surgical intervention is intended to treat the injured worker. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested left ankle surgery is not medically necessary or appropriate.

**12 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE (2 TIMES PER WEEK FOR 6 WEEKS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement in levels of pain during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program, however, continues to have pain and functional deficits related to the lumbar spine. Therefore, 1 to 2 treatments of physical therapy to re-educate and re-establish an effective home exercise program would be appropriate, according to guidelines. However, the additional 12 physical therapy sessions for the lumbar spine would be considered excessive. As such, the requested 12 physical therapy sessions for the lumbar spine (2 times per week for 6 weeks) is not medically necessary or appropriate.