

<b>Case Number:</b>	CM14-0012959		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational 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 patient is a 36 year-old male who has filed a claim for right ankle sprain associated with an industrial injury date of August 15, 2013. A review of progress notes indicates pain the back of the right knee from wearing the ankle boot. The patient reports right ankle pain with popping and swelling, and right knee popping. Findings include tenderness over the right ankle and medial joint line of the right knee, soreness of the posterior knee and peroneal tendon, and weakness with external rotation and eversion. Mention of an x-ray showed avulsion fracture of the lateral malleolus. The treatment to date has included physical therapy, a CAM walker, NSAIDs, and opioids. The utilization review from January 15, 2014 denied the requests for pain management referral for the ankle as the patient continued to wear the ankle cast/boot and tolerated physical therapy; physical therapy and rehab as the patient has had 6 previous sessions with no benefit; and CAM walker as this patient already has a CAM walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 PAIN MANAGEMENT FOR THE ANKLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Chronic Pain Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 57 and on the Non-MTUS Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations chapter Page(s): 127 AND 156.

**Decision rationale:** As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by California MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient is experiencing worsening of the right lower extremity pain condition. There was no documented improvement with use of medications and cam walker, and from physical therapy. However, the patient was recently authorized for a right ankle arthroscopic procedure. There is no documentation regarding the description and results of this procedure. A pain management consultation is not necessary at this time as the post-procedural condition of the patient is not known. Therefore, the request for pain management for the ankle was not medically necessary.

**PROSPECTIVE REQUEST FOR UNKNOWN SESSIONS OF PHYSICAL THERAPY:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Page 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The patient has had 6 sessions of physical therapy and reports no help. Also, the number of requested visits and body part to which these sessions are directed to are not indicated. Therefore, the request for physical therapy was not medically necessary.

**PROSPECTIVE REQUEST FOR UNKNOWN SESSIONS OF REHAB:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** Page 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The patient has had 6 sessions of physical therapy and reports no help. Also, the specific type of rehab, number of requested visits, and body part to which

these sessions are directed to are not indicated. Therefore, the request for rehab was not medically necessary.

**PROSPECTIVE REQUEST FOR 1 CAM WALKER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Cam walker; Cast (immobilization).

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to the ODG, a CAM walker is a removable cast. Casting is not recommended in the absence of a clearly unstable joint or severe ankle sprain. In young patients with low-risk fractures, treatment with a removable ankle brace leads to greater activity level and faster return to baseline activity level. This patient has been using a cam walker since the date of injury. The patient reports not being balanced with use of the cam walker, and it is starting to affect the back. There is no indication as to the necessity of another cam walker, or to the continued use of a cam walker. Therefore, the request for cam walker was not medically necessary.