

<b>Case Number:</b>	CM14-0128291		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 66 year old male whose date of injury is 03/14/13. The mechanism of injury is not described. The injured worker underwent partial posterior tibial tendon excision, calcaneal lengthening and medializing osteotomy on 07/10/14. Note dated 07/25/14 indicates that he has been in a Cam walker boot. The injured worker has been doing gentle range of motion exercises. Diagnoses are tibialis tendinitis left superimposed on preexisting left pes planus, status post left flat foot reconstruction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise Roll, Left 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 chapter.

**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, Exercise.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS

Official Disability Guidelines (ODG) Ankle and Foot Chapter, Exercise. Based on the clinical information provided, the request for an exercise roll for the left ankle is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. There are no specific, time-limited treatment goals provided. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

**Compression Socks.:** 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 chapter.

**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, Venous thrombosis.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Ankle and Foot Chapter, Venous thrombosis. Based on the clinical information provided, the request for compression socks is not recommended as medically necessary. There were no clear rationale provided to support the request at this time and there were no specific, time-limited treatment goals provided. In Addition, there was no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

**Physical Therapy Times Six Additional Visits For The Left Ankle: Quantity: 6:** 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 chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, Peroneal tendon repair, page 14. Based on the clinical information provided, the request for physical therapy times six additional visits for the left ankle is not recommended as medically necessary. There is insufficient clinical information provided to support this request. The injured worker underwent surgical intervention on 07/10/14; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of postoperative physical therapy the injured worker has completed to date. Therefore, medical necessity cannot be established in accordance with Post- Surgical Treatment Guidelines.