

Case Number:	CM14-0160989		
Date Assigned:	10/06/2014	Date of Injury:	07/24/2009
Decision Date:	12/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopaedic Surgery 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:

This 41-year-old female sustained an industrial injury on 7/24/09. Injury occurred when she was hit by a forklift. Her legs were smashed between crates and the forklift. Past surgical history was positive for bilateral lower extremity compartment release on 1/18/14. The 8/18/14 treating physician report indicated the patient was doing better since surgery with less lower extremity swelling, heaviness, and sensitivity. Compression stockings have been very effective in decreasing lower extremity pain. She was able to ambulate a block without stopping and stand for 15-minute intervals. She was using a cane to ambulate. Her ankles were giving her more of a problem, left greater than right. Cortisone injections had historically helped for a couple of months and were wearing off. She wanted to move forward with ankle arthroscopy. She was currently taking 5 Norco per day and had been able to taper off her Percocet. She had recently finished pool therapy which was most effective in helping get her cardio, exercise, and strength program done. Physical exam documented intact ankle range of motion, negative Homan's sign, 2+ pedal pulses, and lower extremity cool to touch. Swelling was increased dramatically, with no edema or pitting edema. There was point tenderness to palpation in the left medial ankle joint and right lateral ankle joint. Ankle strength was 5+ with minor pain. The diagnosis included bilateral ankle impingement and pain. The treatment plan recommended left ankle scope with associated post-op physical therapy, durable medical equipment, pain medication, and pre-operative clearance. The treatment plan also requested a gym membership at Gold's Gym which has a pool so that the patient had access to the pool twice a week for 3 months. The 9/11/14 utilization review denied the left ankle surgery and associated requests as there was no imaging evidence documented to verify the diagnosis. The request for pool therapy was denied as there was no evidence that the patient was unable to tolerate a land-based home exercise program, and there was no documented subjective/objective benefit from prior extensive physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Scope with crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, and walkers)

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines support the use of arthroscopy for the treatment of ankle impingement. Guideline criteria have not been met. There is no clear clinical and imaging evidence of ankle impingement documented in the available records. Clinical exam findings are limited to swelling and left medial ankle joint tenderness. Range of motion and strength were intact. Provocative testing and imaging or radiographic findings were not documented. Evidence a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Game Ready Cryo Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cam Walking Boot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op physical therapy 3 times 8 to the left ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pool Therapy 2 times a week times 3 months at Gold's Gym: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Gym memberships

Decision rationale: The California MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. The physical medicine recommendations are used as a guideline for the number of supervised visits and would generally support 8 to 10 visits. Guidelines additionally indicate that patients are instructed and expected to continue active therapies on an independent basis in order to maintain improvement levels. Guideline criteria have not been met. The patient has completed an extensive course of physical therapy which included land and water-based therapy. There is no documentation that the patient is unable to tolerate land-based therapy and requires pool exercise. Clinical exam documented full lower extremity range of motion and functional strength. There is no compelling rationale presented to support the medical necessity of pool exercise for 3 months at a gym. Therefore, this request is not medically necessary.