

Case Number:	CM14-0038800		
Date Assigned:	06/27/2014	Date of Injury:	06/17/2013
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 53-year-old female sustained an industrial injury on 6/17/13. The mechanism of injury was not documented. The patient was diagnosed with a rupture of the posterior tibial tendon and neuroma of the posterior tibial nerve. The 1/6/14 treating physician report cited significant pain and functional difficulty. Magnetic Resonance Imaging (MRI) findings documented findings consistent with posterior tibial tendon rupture. Conservative treatment had been tried and failed. The treatment plan requested authorization for left ankle surgery including exploration and repair of the posterior tibial tendon, pre-operative medical clearance, bracing, cold therapy unit rental, and post-op physical therapy three times four. The 3/14/14 utilization review certified a request for left ankle surgery and pre-operative clearance. The request for post-op physical therapy three times four was modified and certified for 8 visits consistent with guidelines. The requests for bracing and a cold therapy unit were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op PT(physical therapy) 3 x 4 for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of posterior tibial partial or complete rupture suggest a general course of 8 post-operative visits over 3 months during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/14/14 utilization review recommended partial certification of 8 post-operative physical therapy visits consistent with the recommended general course of care. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request for post-op physical therapy visits is not medically necessary and appropriate.

DME-cold therapy unit rental for the 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 Ankle - Foot (acute and 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, Cold packs.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend cold packs for ankle complaints. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. Therefore, this request for DME-cold therapy unit rental for the left ankle is not medically necessary.