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| <b>Case Number:</b>   | CM14-0051014 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 12/15/2009 |
| <b>Decision Date:</b> | 09/11/2014   | <b>UR Denial Date:</b>       | 03/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/18/2014 |

### 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:

The claimant is a 51-year-old female who sustained an injury to her right ankle on December 15, 2009. The utilization review from March 19, 2014 certified the surgical process for the right ankle in the form of a peroneus longus and peroneus brevis tenolysis with possible tendon repair. There are perioperative requests in the form of an interferential unit purchase with supplies, a home exercise kit, a DVT compression pump and stockings, ankle brace, and postoperative physical therapy for twelve sessions with postoperative acupuncture for twelve sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Current (IFC) Unit plus supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99, 117-121, Postsurgical Treatment Guidelines Page(s): 14.  
Decision based on  
Non-MTUS Citation Official Disability Guidelines for ankle surgery.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -- MTUS Chronic Pain Medical Treatment Guidelines pages 118 and 120.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines does not support an interferential unit following a surgical process. Interferential units are only typically recommended for significant pain from postoperative conditions that limit the claimant's ability to perform exercise programs or physical therapy treatment. In this instance, there is no documentation of postoperative care, nor do Guideline criteria support the acute use of an interferential device following an operative procedure. The request in this case is not supported as medically necessary.

**Home Exercise Kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99, 117-121, Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines for ankle surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013.

**Decision rationale:** According to the Official Disability Guideline criteria, exercise kits are recommended as a home based program. The individual has not had any postoperative treatment to date. An initial course of physical therapy before advancement to a home exercise program is recommended. The acute use of home kits in this case is not supported as medically necessary.

**DVT Compression Pump and Stocking 2-4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99, 117-121, Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines for ankle surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013.

**Decision rationale:** According to Official Disability Guidelines, the role of DVT compression devices and stockings is not recommended. While these devices can be utilized for subjects identified at a high risk of developing venothrombosis, there is no indication for a four week use of the devices in this instance. Given the specific timeframe in this request, the postsurgical request is not medically necessary.

**Ankle Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99, 117-121, Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines for ankle surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013.

**Decision rationale:** According to the Official Disability Guideline criteria, ankle bracing is not recommended. The individual has already been provided a postoperative range of motion boot for immobilization. The purpose of dual bracing in this instance would not be supported. While ultimately a form of step-down bracing may be recommended in the claimant's postoperative course of care, the initial use of an ankle brace in addition to the already supported range of motion boot is not medically necessary.

**Post-operative Physical Therapy for functional restoration 3x4 for a total of 12 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99, 117-121, Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines for ankle surgery.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines does not support twelve sessions of physical therapy, following peroneal tendon repair. Guidelines do support up to eight visits of therapy in the postoperative setting. This specific request for up to twelve initial sessions would exceed Guideline criteria and is not medically necessary.

**Post-operative Acupuncture for pain control 2x6 for a total of 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 98, 99, 117-121, Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines for ankle surgery.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Based on California MTUS Acupuncture Medical Treatment Guidelines, acupuncture for twelve sessions is not recommended. Acupuncture can be used as an option to help facilitate surgical recovery time, but is typically only recommended for a one to two month period with time to demonstrate functional improvement over three to six treatments. Given no postoperative treatment to date has been given and the request for twelve sessions exceeds Guideline criteria, the specific postoperative request for acupuncture is not medically necessary.





