

<b>Case Number:</b>	CM14-0068502		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Texas, New Mexico, Nebraska. 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 54 year old female who sustained an industrial date of 11/17/2011, involving the right foot/ankle. She underwent right ankle surgery in May 2013 with removal of os trigonum. An MRI of the right ankle was performed on 12/09/2013, which provided the impression: 1. There is a small os trigonum noted consistent with history. There is edema involving the posterior lateral ankle joint. This extends along the posterior talofibular ligament which appears to be grossly intact. The pattern suggests this location is the pain generator, which could be secondary to recent trauma versus repetitive injury. No adjacent displaced fracture is seen. There is mild adjacent split tearing of the peroneus brevis tendon which appears lateral from the adjacent edema. There are no other acute findings to suggest etiology of patient's symptoms. A prior UR decision on 5/12/2014 noncertified the requested right ankle surgery, acupuncture/massage for the foot, and life coach sessions. The reviewing physician noted that the requesting physician is not an orthopedist or podiatrist and the bone fragments are outside the joint space and do not constitute an internal derangement. Regarding acupuncture and massage, the medical records did not document prior treatment and response to prior care. The injury is 3 years old, and the patient may have already had a trial of acupuncture. The guidelines are silent regarding life coach sessions, and therefore, there is lack of medical necessity. According to the 12/19/2013 PTP progress report the patient presents with chief complaints including of right ankle pain/soreness rated 5/10. Standing provokes her complaint, and relief is obtained with non-weight bearing position, also massage, medication, and acupuncture reduced symptoms 50% of the time. The patient was seen for follow up with PTP on 1/21/2014 the patient presents with chief complaints that include soreness of the right ankle, pain is rated 7-8/10. Movement provokes pain, and ibuprofen provides relief. Physical examination findings of the right ankle/foot are pain in the right malleoli, 30/45 plantar flexion, 10/20 dorsiflexion, 15/30

inversion, 10/20 eversion, and right foot decreased L5-S1 sensory. The patient presented for an initial orthopedic evaluation with [REDACTED] on 2/24/2014, for right ankle pain. She indicates she has had right ankle pain and swelling for 3 years. Ankle surgery in May 2013 did not improve her pain. Pain is located on the posterior and lateral aspect of the right ankle, occurs after walking 5 minutes, but she can be on her feet intermittently for 2 hours, after which pain becomes intolerable and she has to sit down. Pain is aching, intermittent and worse with activities. She has tried treatment with activity modification, various braces, and states she has recently been fitted for an AFO brace, she has not yet obtained the brace. Current medications are Benadryl allergy, Pepcid PO, cranberry-milk thistle, and triamcinolone 0.1% cream. Physical examination reveals mild swelling over the posterior and lateral aspects of the ankle, well-healed scar over the posterior lateral ankle. The area of maximum pain is posterior ankle, deep to the Achilles tendon and extends over towards the lateral aspect of her right ankle. Foot and ankle alignment shows normal arch, range of motion of the bilateral ankles is symmetrical with 5/10 degrees dorsiflexion, 45/50 degrees plantar flexion, 20/25 degrees inversion and 10/10 degrees eversion. Strength testing shows slight weakness with resisted eversion of the right foot, pain with active and passive plantar flexion, and the ankle is stable to stability tests. She is neurologically intact. The MRI of the right ankle is noted to reveal one large and several small bone fragments over the posterior right ankle (remnants from the previous os trigonum), and tear of the peroneus brevis tendon. The assessment is right ankle pain from peroneus brevis tendon tear and painful os trigonum remnants. The physician recommended she obtain the AFO brace, and wear it for 3 months, but if her symptoms are not improved with the brace, recommendation is for additional ankle surgery including arthroscopic removal of the bone fragments over the posterior ankle and repair of the peroneus brevis tendon tear. According to the PTP PR-2 dated 4/7/2014, request is for ankle surgery per [REDACTED] via open procedure, acupuncture, massage for left foot and low back, and 6 visits with life coach. Subjective complaints and objective findings information is unchanged/identical from prior form. The patient remains on TTD status until 6/30/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Open surgery to right ankle (removal of bone fragments and repair of tendon tear):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and ankle/tendon repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Peroneal tendinitis/ tendon rupture (treatment).

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, Referral for surgical consultation may be indicated for patients who have: - Activity limitation for more than one month without signs of functional improvement - Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot - Clear clinical and imaging

evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Regarding peroneus brevis issues, the Official Disability Guidelines recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. Surgery is indicated in the acute phase for peroneus brevis tendon rupture, acute dislocation, anomalous peroneal brevis muscle hypertrophy, and in peroneus longus tears that are associated with diminished function. In this case, the medical records document that the 12/9/2013 right ankle MRI revealed only mild split tearing of the peroneus brevis. There is no evidence of significant tear or chronic instability of the patient's ankle, nor significant loss of function, examination by the orthopedist revealed symmetrical ROM, stable ankle, neurologically intact, and only slight weakness to resisted eversion. In addition, the orthopedist had recommended the patient obtain and wear the AFO brace for 3 months, to assess whether it resolves or improves her symptoms. The medical records do not document her response to use of the brace. Failure of non-operative measures has not been established. It is unclear why open surgery to the ankle is requested, there is no evidence of internal derangement. Given these factors, the surgery is not supported by the medical guidelines, and is not medically necessary.

**Accupuncture and massage for foot 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** According to the Acupuncture guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records do not establish that this is the case of this patient. The records do not reflect the patient is unable to tolerate analgesic medication, she reported medications relieved her symptoms. Also, there is no evidence that acupuncture is required as an adjunct to physical rehabilitation and/or surgical intervention. The guidelines state massage should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The benefits of massage were registered only during treatment. According to the PTP progress reports dated 12/19/2013 and 1/21/2014, the patient indicated she had received massage and acupuncture that provided relief 50% of the time. There is no indication of how many sessions of these palliative therapies the patient has received to date. In addition, objective improvement is not apparent. The patient has continued on TTD status. Furthermore, there is no indication this patient is participating in other recommended treatment, such as exercise. Massage is a passive intervention and treatment dependence should be avoided. The medical necessity of Acupuncture and massage is not established. Therefore, the request is not medically necessary.

**Life coach sessions 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The CA MTUS and Official Disability Guidelines, do not specifically provide any recommendations regarding life coach sessions. However, the CA MTUS ACOEM states, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The PTP has requested authorization for referral to life coach sessions x 6. The medical records do not provide a rationale that supports the request, including the purpose of the referral, detailed explanation how such referral to Life coach sessions is medically necessary and expected to impact this patient's course of care. The medical necessity of this request is not established. Therefore, the request is not medically necessary.