

Case Number:	CM14-0076545		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2011
Decision Date:	10/30/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 04/12/2001. The listed diagnoses per [REDACTED] are: 1.Left ankle osteochondritis dissecans defect, 9 mm, lateral talar dome.2.Bilateral plantar fasciitis.3.Right ankle pain.According to progress report 04/29/2014, the patient continues to have moderate to severe pain in his left ankle. MRI of the left ankle revealed 9-mm osteochondritis dissecans in the lateral talar dome. There was also noted calcaneal spurring and plantar fasciitis measuring 6 mm thickening of the plantar fascia. Examination of the left ankle/foot revealed positive tenderness over the plantar fascia. There was positive tenderness over the anterior talofibular ligament, and pain with plantar flexion and inversion. The provider states that based on the patient's severe chronic pain in the left ankle, MRI findings of 9-mm osteochondritis dissecans defect and the patient's inability to do activities of daily living, he is recommending a left ankle arthroscopy, microfracture, and possible OATS procedure. He is also requesting postop physical therapy 3 times a week for 6 weeks, VascuTherm4 with DVT cold compression for 21 days rental and a follow-up in 1 month. Utilization review denied the request on 05/14/2014. Treatment reports from 03/25/2014 through 08/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopy with microfracture and OATS procedure: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Arthroscopy for the Ankle under the Foot/Ankle chapter regarding Osteochondral Autologous Transfer System.

Decision rationale: This patient continues to have moderate to severe pain in his left ankle. The provider is requesting a left ankle arthroscopy with microfracture and possible OATS procedure. While the ODG guidelines recommend Arthroscopy for the ankle it has the following under the foot/ankle chapter regarding Osteochondral autologous transfer system (OATS), "Not recommended in the ankle. While osteochondral auto-grafting has been principally performed on the knee, the OATS technique may have promise in the ankle. Although the OATS procedure is generally reserved for salvage of failed debridement and drilling in the ankle, it may have applications in primary surgical management, but long-term outcome of the OATS procedure is not yet available." ODG does not support OATS procedure for the ankle. Recommendation is for denial.

Physical therapy 3 x weeks for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot/Ankle Chapter, Osteochondral Autologous Transfer System.

Decision rationale: This patient continues to have moderate to severe pain in his left ankle. The provider is requesting physical therapy 3 times a week for 6 weeks following the requested left ankle arthroscopy. In this case, the requested Ankle Arthroscopy and possible OATS procedure is not recommended; therefore, post-operative physical therapy is not necessary. Recommendation is for denial.

Vascutherm 4 with DVT cold compression X21 days rental: 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 and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous-Flow Cryotherapy.

Decision rationale: This patient continues to have moderate to severe pain in his left ankle. The provider is requesting a VascuTherm unit with DVT cold compression rental for 21 days for post-op use. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore,

ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The requested surgery is not recommended; therefore, the Vascutherm for post-operative use is not necessary. Recommendation is for denial.

Follow-up in one month: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient continues to have moderate to severe pain in his left ankle. The provider is requesting a follow-up in 1 month. ACOEM Chapter 12, Low Back Pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, the patient presents with continued ankle pain and a follow up visit with the treating physician is within guidelines and recommendation is for approval.