

<b>Case Number:</b>	CM14-0198858		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 injured worker sustained a work related injury on November 17, 2009, when a 1200 pound dolly fell off a truck, struck and pinned the left posterior part of the ankles and feet, with severe and immediate pain, soreness, and inflammation of the ankles, right greater than left. An Initial Podiatric Consultation dated October 6, 2014, noted the injured worker with slight constant to intermittent pain, stiffness and soreness in the right foot and ankle, with radicular pain in the foot and occasional inflammation in the ankle. The injured worker was noted to have constant moderate to frequent severe pain, stiffness and soreness in the left ankle, with radiating pain and soreness in the foot and calf muscles at times. Physical examination was noted to show significant pain in the right ankle with palpation of the peroneal tendon, and pain in the left ankle along the internal collateral ligaments, medial aspect, deltoid and posterior aspect of the ankle joint on Kager triangle on the back side of the ankle. The injured worker was noted to have pain with range of motion at both ankles, although the range of motion is within normal limits. A previous MRI was noted to show findings as showing a tear of the peroneal brevis tendon. The diagnoses were noted to be a MRI confirmed tear of the peroneal brevis tendon with subluxation, chronic sprain/strain of the left ankle, rule out ligament injury of the left ankle, and crush injury. A request for authorization was made for right ankle repair of the peroneal brevis tendon and repair of the subluxation, post-operative physical therapy for the right ankle, 3x4, a knee walker, a CAM walker, hot/cold therapy, an IF Unit, and a shower boot for the right ankle. On November 7, 2014, Utilization Review evaluated the request for right ankle repair of the peroneal brevis tendon and repair of the subluxation, post-operative physical therapy for the right ankle, 3x4, a knee walker, a CAM walker, hot/cold therapy, an IF Unit, and a shower boot for the right ankle, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines. The UR Physician noted the records noted conservative care included only NSAID

and bracing, with an updated MRI with dynamic testing necessary to document the subluxation. The UR Physician noted the injury was sustained in 2009, which would need to be reimaged to determine current status and pathology prior to surgical intervention, and therefore the request for the right ankle repair of the peroneal brevis tendon and repair of the subluxation was recommended non-certified. The UR Physician noted that as the surgical intervention had been denied, post-operative durable medical equipment and physical therapy, as the requested post-operative physical therapy for the right ankle, 3x4, a knee walker, a CAM walker, hot/cold therapy, an IF Unit, and a shower boot for the right ankle, were denied as well. The decisions were subsequently appealed to Independent Medical Review.

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

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

**Right ankle repair of the peroneal brevis tendon and repair of the subluxation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg. 374-375, 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. The guidelines go on to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 10/6/14 of significant instability in the ankle. There is lack of documentation of failure of physical therapy or exercise program for the patient's ankle pain. There is lack of documentation by MRI of subluxation of the peroneal tendons. Therefore the guideline criteria have not been met and determination is for medically necessary.

**Associated surgical service: post-operative physical therapy for the right ankle, 3x4: 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.

**Associated surgical service: Knee walker: 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.

**Associated surgical service: CAM walker:** 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.

**Associated surgical service: hold/cold therapy:** 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.

**Associated surgical service: IF 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.

**Associated surgical service: Shower boot for the right 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.