

<b>Case Number:</b>	CM15-0136391		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 55 year old female, who sustained an industrial injury on March 28, 2014. The injured worker was diagnosed as having right ankle sprain, Achilles tendinitis and impingement syndrome, right knee strain, lumbar degenerative disc disease (DDD) and lower extremity radiculitis. Treatment to date has included injection. A progress note dated May 19, 2015 provides the injured worker complains of right ankle pain. She reports previous injection provided good relief but only temporarily. Medication helps with pain. Physical exam notes an antalgic gait and use of a cane with lumbar tenderness to palpation, spasm and painful range of motion (ROM). There is right ankle tenderness to palpation and painful decreased range of motion (ROM). The plan includes right ankle arthroscopy and post-operative ice therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative ice therapy 3 times a week for 6 weeks for the right ankle, quantity: 18:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

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

**Decision rationale:** Enthesopathy of ankle and tarsus (ICD9 726.7): Postsurgical treatment: 9 visits over 8 weeks. The requested number of visits exceeds that which is stated in the MTUS post-surgical treatment guidelines. Thus, the recommendation is not medically necessary.