

<b>Case Number:</b>	CM15-0181339		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 male, who sustained an industrial injury on 3-10-2013. The injured worker is undergoing treatment for Achilles tendon rupture-repair and pain, traumatic left dorsum arthritis, low back impairment. Dates of service reviewed included: 3-25-15 to 8-12-15. Current subjective findings reported: left Achilles pain and stiffness. Current physical examination revealed: post-operative pain at the repair site of the left Achilles tendon, full strength, painful mid foot that is tender to palpation and palpable scar tissue at the site. Pain level reported: not documented. The treatment and diagnostic testing to date has included: physical therapy reported as giving no relief, Achilles tendon repair, magnetic resonance imaging of the left foot (7-3-15), x-ray of the left foot (7-3-15), shoe inserts, and home exercises. On 3-25-15, he is noted to have completed post-operative physical therapy for 2 months, the results of which are unclear. Current medications listed: Ibuprofen and anti-hypertensive medications. Current work status: not documented. On 2-13-2015, his work status is noted as returned to work full time with use of ankle brace or high top boots. The request for authorization is for: physical therapy with electrical stimulation and ultrasound, left ankle 2 times weekly for 6 weeks; Plasma rich protein injection of left ankle; Orthopedic consultation; Ankle sleeve, Spectazole, and Narrative report. The UR dated 9-4-15: non-certified physical therapy with electrical stimulation and ultrasound, left ankle 2 times weekly for 6 weeks; Plasma rich protein injection of left ankle; Orthopedic consultation; Ankle sleeve, Spectazole, and Narrative report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with electrical stimulation and ultrasound for the left ankle 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS recommends passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) during the early phases of pain treatment, for controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. During the rehabilitation process, MTUS states that passive therapy can be used sparingly with active therapies to help control swelling, pain and inflammation. Documentation indicates that the injured worker had already been prescribed Physical Therapy, but there is lack of physician reports describing specific functional improvement. The medical necessity for further physical therapy has not been established. The request for Physical therapy with electrical stimulation and ultrasound for the left ankle 2 x 6 is not medically necessary based on lack of functional improvement and MTUS.

**Platelet rich plasma (PRP) injection to the left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot & Ankle, Platelet rich plasma (PRP).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Per ODG, Platelet-rich-plasma (PRP) therapy represents a novel noninvasive treatment method for patients with acute or chronic soft-tissue musculoskeletal injuries, but it remains under study. ODG states that the clinical results are encouraging, but inconsistent, and there is a need for further basic-science investigation, as well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. As per guidelines, further clarification of indications and time frame is needed to support the necessity or indication of PRP. The request for Platelet rich plasma (PRP) injection to the left ankle is not medically necessary.

**Orthopedic consultation x 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92 MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is being referred for back pain. There is lack of report demonstrating that this condition is active and there is no information regarding details of treatment to date. The medical necessity for Orthopedic Consult has not been established. The request for Orthopedic consultation x 1 is not medically necessary.

**Ankle sleeve:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Bracing (immobilization).

**Decision rationale:** Per ODG, ankle immobilization is not recommended in the absence of a clearly unstable joint. In such cases, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. Per MTUS, relieving discomfort from ankle sprain can be accomplished most safely by temporary immobilization, elevation, use of heat and cold, restricted weight bearing, and systemic nonprescription analgesics. After Achilles tendon repair, patients may be splinted with a functional brace rather than a cast post-operatively. The use of tape or a brace reduces the risk of recurrent inversion injuries, but is unclear whether a brace is more effective than a tape. It is recommended to use a brace or a tape to prevent a relapse after ankle sprain, but also to phase out the use of brace or tape in time. The injured worker has ongoing left ankle and foot pain. Documentation fails to demonstrate evidence of acute exacerbation of symptoms or recent re-injury to justify the request for immobilization. The request of ankle sleeve is not medically necessary per guidelines.

**Spectazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.mayoclinic.org/drugs-supplements/econazole-topical-route/description/drg-20063589](http://www.mayoclinic.org/drugs-supplements/econazole-topical-route/description/drg-20063589).

**Decision rationale:** Spectazole (Econazole) is used to treat infections caused by a fungus or yeast of the foot between the toes (interdigital tinea pedis; athlete's foot). Documentation provided fails to demonstrate that the injured worker has a fungal foot infection. The request for Spectazole is not medically necessary.

