

Case Number:	CM15-0182777		
Date Assigned:	09/23/2015	Date of Injury:	08/08/2012
Decision Date:	11/24/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/17/2015

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, Indiana, Oregon
 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 41 year old female who sustained an industrial injury on 8-8-12. A review of the medical records indicates she is undergoing treatment for status post sacroiliac joint fusion and fixation on 6-17-14, sacroiliac dysfunction - painful right sacroiliac joint dysfunction, facet arthritis of lumbar region - right L3-L4, bilateral L4-L5, and L5-S1, osteoarthritis of the right hip, degeneration of lumbar-lumbosacral disc without myelopathy - L3-L4, L4-L5, and L5-S1, status post open reduction internal fixation of the right scaphoid (right wrist) in June 2010, a history of arthroscopy of the right shoulder, lipid metabolism disorder, sleep apnea syndrome, and ankle and foot joint derangement (4-29-15). Medical records (10-13-14 to 8-5-15) indicate ongoing complaints of low back pain and right ankle pain. The 12-17-14 orthopedic consultation indicates she has "ongoing diagnosis of right ankle arthralgia, possible tarsal tunnel syndrome, ankle synovitis, and deltoid sprain". Diagnostic studies have included two MRIs of the right ankle - 11-5-12 and 10-13-14, as well as an EMG nerve conduction study and a diagnostic injection of the right ankle on 6-8-15. The 6-24-15 progress report indicates that she had "70-80% improvement" noted from the diagnostic injection. The treating provider states "her diagnosis is likely due to posterior ankle impingement". The physical exam (8-5-15) indicates that the injured worker reports that she has "been able to return to her normal activities for the past month", due to "significant improvement" of her symptoms following the injection. The report also states that "the steroid injection is starting to wear off and her symptoms are slowly creeping up". The physical exam reveals "some irritation" on plantar flexion stress test. Range of motion is noted to be "stable". She is noted to be "neurologically intact". The treating

provider indicates recommendation of posterior ankle arthroscopy, extensive debridement, and excision of the os trigonum due to "the positive diagnostic injection and test with improvement in her posterior impingement secondary to the os trigonum complex", as well as "the fact that her symptoms are returning and recurring at this time". The request for authorization (8-7-15) includes right posterior ankle arthroscopy and debridement, excision of os trigonum, postoperative medications - Oxycodone 5mg, 1-3 tablets every 3-6 hours as needed for pain, #60, Vistaril 25mg every 6 hours, #30, Eliquis 2.5mg twice daily x 28 days, #56, postoperative knee scooter (crutch alternative) - rental, and postoperative physical therapy 2 times a week for 6 weeks to start 6-8 weeks after surgery. The utilization review (8-28-15) indicates denial of Vistaril and Eliquis, as well as a modification of the request for the knee scooter (crutch alternative) and postoperative physical therapy. The rationale is as follows: 1. Vistaril "the request appears to be for postoperative anti-anxiety medications. However, one cannot assume that the claimant will have postoperative anxiety". 2. Eliquis "the submitted documentation does not reflect objective evidence of any personal history of blood dyscrasias and any personal history of deep vein thrombosis problems" and "the cited guidelines do not recommend for prophylactic measure". 3. Knee scooter rental the submitted documentation reflects that the claimant is approved for the right posterior ankle arthroscopy and debridement, excision of os trigonum. As such, the medical necessity for crutches x1 pair post surgery for impaired ambulation is established. 4. Postoperative physical therapy "the medical necessity for postoperative physical therapy for right ankle Qty. 8 is established".

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op knee scooter 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, Ankle & Foot.

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

Decision rationale: CA MTUS/ACOEM is silent on rolling knee walker. According to ODG, Ankle section, a rolling knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case, the exam notes do not demonstrate inability to use a standard crutch or walker. Therefore, the request is not medically necessary.

Post op physical therapy, right knee #12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: CAMTUS Post surgical treatment guidelines Enthesopathy of ankle and tarsus recommends treatment as follows: (ICD9 726.7): Postsurgical treatment: 9 visits over 8 weeks, postsurgical physical medicine treatment period: 4 months. Half of the treatments are recommended initially pending re-evaluation. In this case, the request exceeds the initially allowable number of visits and is therefore not medically necessary.

Vistaril 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: CAMTUS/ACOEM is silent on Hydroxyzine. ODG pain is referenced. Antihistamines are not recommended for pain or insomnia management. The request is for a medication not recommended by guidelines. The request is not medically necessary.

Eliquis 2.5mg #56: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Xarelto. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case there is no evidence of increased risk of venous thrombosis after surgery. The request is not medically necessary.