

Case Number:	CM15-0022004		
Date Assigned:	02/12/2015	Date of Injury:	06/06/2013
Decision Date:	03/26/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: Illinois, California, Texas
 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 50 year old male, who sustained an industrial injury on 6/6/2013. Injury occurred during a foot pursuit of a parolee. Past surgical history was positive for left ankle open reduction and internal fixation on 7/15/13, and left ankle diagnostic arthroscopy and debridement, partial synovectomy, and removal of 2 large fragment cortical syndesmotomic screws on 12/9/13. Records indicated the patient attended 28 visits of physical therapy in 2014. The 12/17/14 left ankle MRI impression documented minimal progression of cystic change with superficial fibrillation of the overlying articular cartilage, similar to prior. There was synovial thickening, unchanged, that may contribute to anterior ankle pain/impingement. There was mild tenosynovial fluid around the tibialis posterior and flexor digitorum tendons of indeterminate significant, new compared to prior study. The 1/9/15 treating physician report cited a diagnosis that included left foot ankle leg fracture with peroneal nerve contusion versus laceration and left foot, ankle postoperative complex regional pain syndrome (CRPS) versus cellulitis versus surgical swelling, cervical sprain, closed head trauma, and left upper extremity weakness, cervical radiculopathy versus brachial plexus contusion. Subjective complaint included grade 3-4/10 pain over the left foot and ankle, increased with twisting, prolonged standing and walking. The patient had undergone 20 prior physical therapy visits that was helping, the medical necessity of additional supervised therapy was discussed relative to the severe derangement, and on-going gait issues. The orthopedic specialist had recommended cartilage reconstruction. There was increased left buttock pain radiating down the left leg and hampering activities. This was opined to be a sciatic component probably secondary to antalgic gait. Piriformis injections were

previously helpful. Current medications included Gabapentin, Cymbalta and Lidoderm patches. Physical exam documented low back tenderness especially over the sciatic notch and increased with motion, positive straight leg raise, and limited lumbar extension. Left ankle/foot exam documented tenderness and 2+ swelling about the left foot, 5 degrees of plantar flexion, and dorsiflexion slightly past neutral. The treatment plan included trigger point injections to the piriformis. A request was submitted for cartilage replacement by the surgeon, Lidoderm patches, and 6 sessions of physical therapy. The treating physician indicated that he would defer to the surgeon to submit the formal request for authorization. On 1/27/15, Utilization Review (UR) non-certified a request for Cartilage Replacement Left Ankle, Lidoderm Patches Quantity 60 and Physical Therapy 6 sessions. The rationale indicated that there was insufficient information to indicate what type of surgery was being requested by the surgeon and there was no current documentation relative to signs of CRPS which would compromise any surgical outcome. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartilage Replacement left ankle: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. Guideline criteria have not been met. There is no clear evidence of a surgical lesion or documentation of a clear surgical treatment plan from the surgeon to support the medical necessity of this request. Therefore, this request is not medically necessary at this time.

Lidoderm patches qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical analgesics Page(s): 56-57, 112.

Decision rationale: The California MTUS indicates that Lidoderm patches may be recommended for localized peripheral pain after evidence of a trial of first-line neuropathic therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Continued outcomes should be intermittently measured and if improvement cannot be determined or does

not continue, lidocaine patches should be discontinued. Guideline criteria have not been met. There is no current documentation relative to the evidence of use and associated functional improvement relative to Lidoderm patches. The patient is currently prescribed gabapentin with no indication that this medication is insufficient to address neuropathic pain, or is not tolerated. Therefore, this request is not medically necessary.

6 sessions of Physical Therapy over 6-12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. Records indicated that the patient has received 28 visits of ankle physical therapy without significant improvement in range of motion. The patient was noted as performing home exercise. The treating physician suggested the patient was not able to advance activity without supervision and goals included improved range of motion. The medical necessity of additional physical therapy is not supported in the absence of objective measurable functional improvement. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program at this time. Therefore, this request is not medically necessary.