

<b>Case Number:</b>	CM15-0035852		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/14/2006
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old male who reported an injury on 06/14/2008. The mechanism of injury was the injured worker was stepping down onto a lower step and hit his heel on the edge of the step, causing him to twist his left ankle and left knee. Prior therapies included physical therapy, aquatic therapy, and medications, as well as ankle wraps. The injured worker underwent left ankle surgery and diagnostic injections. The injured worker underwent a diagnostic ultrasound on 09/10/2014, which demonstrated a thickened and inflamed left ankle capsule. The injured worker underwent an MRI of the left ankle without contrast on 11/09/2014, which revealed a stable appearance to an old healed chronic osteochondral injury of the talar dome with no recent injury and overall normal bony alignment. The tendons of the left ankle were intact. Specifically, the peroneal tendons appeared unremarkable and normally positioned. There was persistent abnormal fluid within the sinus tarsi that may reflect mild sinus tarsi syndrome; however, the tarsal ligaments were intact. The finding was stable. The MRI scan of the left ankle and hind foot were otherwise unremarkable. The injured worker underwent a nuclear medicine 3-phase bone scan on 12/22/2014, which revealed a negative triple phase bone scan of the lower extremities with special attention to the left ankle. The documentation of 01/06/2015 revealed the injured worker was ambulating with a cane and had a poor ambulatory status. Complete examination revealed the injured worker's ankle was within normal limits in dorsiflexion, plantar flexion, inversion, and eversion. The injured worker had hypersensitivity of the left foot and had a painful ambulatory status secondary to attempt for nerve decompression, which had not helped. The injured worker had difficulty with swelling and edema to the right

foot due to overuse. The injured worker was noted to have failed arthroscopic surgery and difficulty with range of motion and crepitus for the left ankle. The injured worker had difficulty with toe walking and toe standing, squatting, and crouching, and had difficulty with functional weightbearing status overall. The injured worker had significant interval improvement. The range of motion and dysfunctionality continued to persist for the injured worker had not shown much improvement. The injured worker had decreased range of motion of the left ankle. The diagnoses included status post arthroscopic surgery of the left ankle (failed), status post repair of lateral aspect of the ankle joint peroneal tendons with sural nerve entrapment, sural neuritis, entrapment of the left saphenous nerve and anterior peroneal nerve, derangement of the ankle, and painful gait. The treatment plan included Synvisc injections. There was a Request for Authorization for an arthroscopy with extensive debridement of the left ankle, surgical assistance, preoperative medical clearance, and postoperative DME dated 02/11/2015. The documentation of 02/03/2015 revealed the injured worker had not shown significant functional improvement and had difficulty with an antalgic gait and difficulty weightbearing. There was noted to be no evidence of reflex sympathetic dystrophy. The orthopedic examination revealed the injured worker had asymptomatic pain to his gait and had not shown any significant interval improvement of functionality. The injured worker had prior surgical intervention, which failed, with continuation of significant arthritic changes to the ankle joint and with a difficult gait for the injured worker functionally. The injured worker had continued difficulties with range of motion and had crepitus. The request was made for surgical intervention for the left ankle.

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

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

**Walking boots:** 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 and Foot; Knee; Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates if the nature of the injury does not prohibit them, gentle range of motion exercises several times a day within limits of pain are better than complete immobilization. The clinical documentation submitted for review indicated a request had been made for surgical intervention. A walking boot would be appropriate for the injured worker if the surgical intervention is approved. However, there was a lack of documentation indicating a necessity for more than 1 boot. Additionally, there was a lack of documentation indicating whether the walking boot was for the left foot or right foot. Given the above, and the lack of documentation, the request for walking boots is not medically necessary.

**Interferential Unit:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

**Decision rationale:** The California Medical Treatment & Utilization Schedule Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and it should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to indicate the injured worker would utilize the unit with a program of exercise. The specific rationale was not provided. The request as submitted did not include whether the unit was for rental or purchase. Given the above, the request for an interferential unit is not medically necessary.

**Cold Therapy Unit:** 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 and Foot, continuous flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days postoperatively. The documentation indicated there had been a request for surgical intervention. This request would be supported for 7 days if the surgical intervention were found to be medically necessary. The request as submitted failed to indicate the body part to be treated, the duration, and whether the unit was for rental or purchase. Given the above, and the lack of documentation, the request for a cold therapy unit is not medically necessary.

**Stereo Electrodes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15301777>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

**Decision rationale:** The California Medical Treatment & Utilization Schedule Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and it should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to indicate the injured worker would utilize the unit with a program of exercise. The specific rationale was not provided. The request as submitted did not include

whether the unit was for rental or purchase. There was a lack of documentation indicating the quantity of stereo electrodes and the specific stereo electrodes being requested. Given the above, the request for an interferential unit is not medically necessary.

**Knee Walker:** 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, Rolling Knee walker.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The Official Disability Guidelines indicate that disability, pain, and age related impairments seem to determine the need for a walking aid. The injured worker was noted to have undergone prior ankle surgery. There was a lack of documentation indicating whether the injured worker had a prior knee walker with his most recent surgery. A knee walker would be appropriate if the surgical intervention was found to be medically necessary, as the patient would be non-weight bearing for an amount of time. As such, and without the documentation, the request for a knee walker is not medically necessary. The request as submitted failed to indicate whether the request was for a rental or purchase of the knee walker. Given the above, the request for a Knee Walker is not medically necessary.