

<b>Case Number:</b>	CM15-0045094		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 47-year-old female who sustained an industrial injury on 10/30/08. Injury occurred when she twisted her left ankle at work. She underwent repair of the left ankle lateral ligaments with ankle stabilization on 11/9/12, and decompression of the left ankle lesser saphenous nerve on 7/17/13. The 1/29/15 left ankle MRI impression documented partial tear of the anterior talofibular ligament, Achilles tendinosis, hindfoot synovitis, and tenosynovitis flexor tendons. The 2/3/15 treating physician report cited continued pain and swelling over the left ankle. She was unable to toe walk, toe stand, squat, crouch, heel walk, and heel stand. Physical exam documented significant swelling over the distal aspect of the Achilles tendon. MRI confirmed a partial tear of the Achilles tendon. The treatment plan was to proceed with surgical intervention to repair of the Achilles tendon left side. Authorization was requested for the surgery and related services. The 2/19/15 utilization review certified the requests for repair of the left Achilles tendon, pre-operative medical clearance, post-op walking boot, and post-op knee walker for 8 weeks rental. The requests for a surgical assistant, post-op cold therapy unit, and post-op interferential unit for 8 weeks rental were non-certified. The rationale for non-certification of the surgical assistant indicated that the injured worker was not having a complicated surgery or one with potential for extensive blood loss. The non-certification of the cold therapy and interferential units was based on no documented issues with narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical assistant:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27650, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**Post-op Cold therapy unit (weeks rental) Qty: 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot (Acute & Chronic) 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 and Leg: Continuous flow cryotherapy.

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous flow cryotherapy is not recommended in ankle complaints. Guidelines support the use of applications of cold packs. Additionally, this request is for 8-week rental of a cold therapy unit, which markedly exceeds typical guideline recommendations for 7-day post-op use. Therefore, this request is not medically necessary.

**Post-op Interferential unit (weeks rental) QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that a one-month IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. Guideline criteria have not been met. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective. Additionally, this request for 8 weeks rental exceeds guidelines. Therefore, this request is not medically necessary.