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| Case Number: | CM14-0125000 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 05/22/2013 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60-year-old male who has submitted a claim for traumatic arthropathy of the right ankle associated with an industrial injury date of 5/22/2013. Medical records from 2014 were reviewed. Patient was status post right subtalar arthrodesis, gastrocnemius recession and percutaneous Achilles' tendon lengthening. Patient was able to perform deep knee bends; however, he was still on non-weightbearing status. Patient was able to perform toe range of motion and symptoms have improved since surgery. Physical examination showed well-healed surgical incisions. There was some slight increased warmth along the lateral aspect of the ankle but without erythema or drainage. Range of motion of the right ankle towards dorsiflexion was 2 degrees from neutral position. Pulses were intact. There were no signs of infection. Sensation was intact. X-rays of the right ankle showed a subtalar fusion with intact hardware. There was a good consolidation of the wound without signs of delayed union. Patient underwent right subtalar arthrodesis, gastrocnemius recession and percutaneous Achilles' tendon lengthening. The patient was likewise given postoperative crutches and postoperative CAM walker boot. Of note, patient underwent injection of right subtalar joint on July 2014 without resolution of symptoms. Utilization review from 8/5/2014 denied the request for postoperative leg up scooter because patient had sufficient upper extremity strength to perform crutch ambulation; modified postoperative physical therapy 12 visits into two times per week for 5 weeks to meet guideline recommendations of providing half of the recommended total number of sessions (i.e., 21 sessions) initially to the patient; modified the request for pre-operative labs into approval of CBC, CMP, and urinalysis because the patient had to be subjected to general anesthesia and basic laboratory testing was recommended; and denied ultrasound guided injection of the subtalar joint because patient already had a diagnostic injection and there was no plan for a second procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative leg up scooter (crutch alternative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot and Ankle Rolling knee walker, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: Page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker; or the patient has sufficient upper extremity function to propel a manual wheelchair; or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, patient underwent right subtalar arthrodesis, gastrocnemius recession and percutaneous Achilles' tendon lengthening. The patient was likewise given crutches for postoperative use. However, medical records submitted and reviewed failed to provide evidence of upper extremity weakness to necessitate prescription of a power mobility device. It was unclear why a crutch alternative was necessary in this case. Therefore, the request for post operative leg up scooter (crutch alternative) is not medically necessary.

Post-operative physical therapy #12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend post-operative physical therapy of 21 visits over 16 weeks for fracture of ankle. In this case, patient underwent right subtalar arthrodesis, gastrocnemius recession and percutaneous Achilles' tendon lengthening on August 2014. Post-operative physical therapy is recommended for early recovery. The medical necessity has been established. Therefore, the request for post-operative physical therapy #12 is medically necessary.

Preoperative Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Preoperative testing, General

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, patient underwent right subtalar arthrodesis, gastrocnemius recession and percutaneous Achilles' tendon lengthening on August 2014. There are no documented comorbidities. The medical necessity for pre-operative testing has been established given that patient is a 60-year-old male to be subjected under general anesthesia. However, the present request as submitted failed to include specific laboratory tests. The request is incomplete; therefore, the request for preoperative labs is not medically necessary.

Ultrasound Guided injection of the Subalar Joint: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Section, Injections (Corticosteroid)

Decision rationale: According to pages 369-371 of the ACOEM Practice Guidelines referenced by CA MTUS, invasive techniques (e.g. needle acupuncture and injection procedures) have no proven value with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The Official Disability Guidelines state that intra-articular corticosteroids are not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better postinjection response. In this case, the patient underwent injection of right subtalar joint on July 2014 without resolution of symptoms. This prompted right subtalar arthrodesis, gastrocnemius recession and percutaneous Achilles' tendon lengthening on August 2014. However, there was no documented rationale why a repeat ultrasound-guided injection should be performed when the most recent reports cited that symptoms have improved since surgery. Therefore, the request for ultrasound guided injection of the subtalar joint is not medically necessary.