

<b>Case Number:</b>	CM14-0129870		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 55-year-old male who reported injury on 08/21/2012. The mechanism of injury was the injured worker was walking up a ramp with a dolly full of product and felt a pop and stretch of the Achilles tendon. The injured worker had 2 Achilles tendon surgeries with the last repair being on 09/27/2013. The injured worker underwent postoperative therapy. The documentation of 06/30/2014 revealed the injured worker had pain in the left ankle. Physical examination of the left ankle revealed a well healed surgical scar. There was atrophy present in the left calf measuring 1 half inch smaller than the right calf. The Achilles tendon was intact. There was swelling. There was slight tenderness over the anterior talar fibular ligament. The injured worker underwent plain radiographs which were unremarkable. The diagnoses included left ankle Achilles tendon repair, status postsurgical repair, left ankle status post second surgery with debridement and left ankle status post second surgery with debridement. The treatment plan included physical therapy to include ultrasound, massage, therapeutic exercise 3 times a week times 4 weeks for the left ankle, a left ankle brace, and ultrasound of the left Achilles tendon to evaluate for possible injury of the Achilles tendon and an H wave unit to be utilized at home to reduce inflammation and assist with rehabilitation. There were noted to be no medications with the exception of Coumadin for his heart. There was a Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**continued PT 3 x 4 to left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines 7/18/2009; regarding physical me.

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

**Decision rationale:** The surgical intervention was in 2013 and as such would be past the post-operative time frame. As such there was application of the chronic pain guidelines. The California MTUS Guidelines indicate that physical therapy is recommended for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had postoperative physical therapy. There was a lack of documentation indicating a necessity for 12 additional sessions as this would be excessive. Additionally, the injured worker should be well versed in a home exercise program. There was a lack of documentation of the quantity of sessions attended and the objective functional benefit that was received. Given the above, the request for continued PT 3 times 4 to left ankle is not medically necessary.

**left ankle brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): page 371.

**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 indicate that putting joints at rest in a brace or splint should be utilized for as short as time as possible. The clinical documentation submitted for review indicated the request was made for the ankle brace. However, there was a lack of documentation indicating the injured worker had instability upon physical examination to support the necessity for an ankle brace. Given the above, the request for left ankle brace is not medically necessary.

**Ultrasound Left Ankle /Achilles Tendon I to rule out recurrent Achilles injury):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): page 372 -373.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Ultrasound, diagnostic

**Decision rationale:** The Official Disability Guidelines indicate that diagnostic ultrasound is recommended for injured workers with chronic foot pain when there is suspicion of tarsal tunnel syndrome, or Morton's neuroma or plantar fasciitis. The clinical documentation submitted for review failed to indicate the injured worker had any of the above conditions. Given the above,

the request for ultrasound left ankle/Achilles tendon to rule out recurrent Achilles injury is not medically necessary.

**H - wave unit for left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, 7/18/09; regarding H-wave stimu.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), Page(s): 117.

**Decision rationale:** The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review failed to indicate the injured worker had a failure of initially recommended conservative care. There was a lack of documentation indicating the injured worker had a failure of a TENS unit. The request as submitted failed to indicate whether the unit was for rental or purchase. Additionally, there was a lack of documentation indicating the injured worker would utilize the H wave unit as an adjunct to a program of evidence based restoration. Given the above, the request for H wave unit for left ankle is not medically necessary.