

<b>Case Number:</b>	CM14-0196263		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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, has a subspecialty in ENTER SUBSPECIALTY 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 44-year-old male who reported an injury on 10/01/2012. The mechanism of injury was due to a slip and fall. His diagnoses include chronic right knee strain, partial thickness, patellar chondromalacia, right ankle sprain, and chronic regional pain syndrome of the left extremity to be ruled out. His past treatments include medication and physical therapy. On 10/15/2014, the injured worker complained of right heel and the entire left foot and ankle rated 2/10 on average and 6/10 at the worst. The physical examination revealed sensation, deep tendon reflexes, motor strength, and straight leg raise were all normal and negative. It was indicated the proximal arch region was slightly indurated with soft tissue swelling that felt warm and was erythematous. The right and left foot did not indicate to have mild pronated deformity, however the arch was indicative of mildly depressive weight bearing. The bilateral ankle range of motion was noted to be painful and guarded along with moderate crepitus. There was also mild swelling to the left and right ankle joints, instability, and a feeling that the ankles may give out. The injured worker was indicated to have an abnormal anterior drawer test, Morton's test, and abnormal talar tilt test bilaterally. The range of motion of the ankle was measured with a goniometer revealing 40 degrees bilaterally with plantar flexion, 20 degrees bilaterally with dorsiflexion and extension, 30 degrees bilaterally of the hind foot, and 20 degrees bilaterally with eversion of the hind foot. The injured worker was not indicated to have spying with the first step and walking and to have failed conservative care to include physical therapy. The treatment plan included: (1) tenolysis of the ankle with incision and drainage of abscess/hematoma; (2) pre-operative physical therapy with continuation of strapping; once a week for 8 weeks; and (3) associated surgical service: transportation. A rationale was not provided. A Request for

Authorization form was not submitted for review. The documentation regarding pertinent diagnostic studies, surgical history, and medication was not provided for review.

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

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

**Tenolysis of the ankle with incision and drainage of abscess/hematoma:** Overturned

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

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

**Decision rationale:** The request for tenolysis of the ankle with incision and drainage of abscess/hematoma is medically necessary. According to the California MTUS/ACOEM Guidelines, surgical consideration may be indicated for patients who have activity limitations for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strengthen musculature around the ankle and foot, and clear clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In addition, the guidelines indicate that repairs are generally reserved for chronic instability. More specifically, if the patient has neuroma with persistent pain in a web space despite using toe separators, along with temporary relief local cortisone injections, surgical removal of the neuroma may be indicated. The injured worker was indicated to have an abscess/hematoma from a contusion of the ankle with the proximal arch region slightly indurated with soft tissue swelling that felt warm and was erythematous and instability. Based on the above, the request is supported by the evidence based guidelines. As such, the request is medically necessary.

**Pre-operative physical therapy with continuation of strapping; once a week for 8 weeks:** Upheld

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

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

**Decision rationale:** The request for pre-operative physical therapy with continuation of strapping; once a week for 8 weeks is not medically necessary. According to the California MTUS Guidelines, physical therapy for patients with neuralgia, neuritis, radiculitis, may be allotted 8 to 10 physical therapy visits over 4 weeks. The injured worker was indicated to currently be participating in physical therapy. However, there was lack of documentation in regard to objective functional improvement from these sessions to determine additional visits. As such, the request is not medically necessary.

**Associated surgical service: Transportation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Transportation (to & from appointments)

**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, Transportation (to & from appointments)

**Decision rationale:** The request for associated surgical service: transportation is medically necessary. According to the Official Disability Guidelines, transportation to and from appointments are recommended if medically necessary for patients with disabilities preventing them from self-transport. Disabled patients include: those who are age 55 and older and meet nursing home level of care. In addition, transportation in other patients should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. The concurrent request for tenolysis of the ankle with incision and drainage of abscess/hematoma is supported, therefore, the request for associated surgical service: transportation is also supported. As such, the request is medically necessary.