

<b>Case Number:</b>	CM15-0010552		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: 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 36 year old male who sustained a work related injury when he fell from a ladder injuring his right ankle on March 7, 2011 resulting in a comminuted fracture of the medial malleolus and disruption of the lateral ligaments. The injured worker underwent an open reduction internal fixation and an X-ray on March 8, 2011 noted stabilization by an internal screw. The injured worker was casted. The injured worker developed a significant capsular contracture resulting in limited range of motion. The injured worker underwent a capsular release, micro fracture chondroplasty of the lateral dome of the talus (no date noted) and an Achilles tendon lengthening procedure (no date noted). According to the treating physician's progress report on December 17, 2014 the injured worker continues to have persistent anterior pain, stiffness and restricted range of motion with radiographic evidence of anterior impinging spurs on the tibia and the talus. The injured worker has been authorized to have a right ankle arthroscopy with debridement and spur excision of the tibia and talus. Post this surgical intervention crutches and a walking boot have been authorized. Current medications were listed as Ibuprofen, Percocet and Tramadol. Past treatment modalities consisted of physical therapy (unknown quantity) and medication. The treating physician requested authorization for Post-op physical therapy twice a week for 6 weeks for the right ankle; Post-op Percocet 10/325mg #40 x 1 refill. On January 8, 2015 the Utilization Review modified the certification for post-op physical therapy twice a week for 6 weeks to allow an initial 6 right ankle post-op physical therapy. The Utilization Review also modified the post-op Percocet 10/325mg #40 x 1 refill to post-op Percocet 10/325mg #40 with no refills. Citations used in the decision process were the Medical

Treatment Utilization Schedule (MTUS), Post-Surgical Treatment Guidelines and the American College of Occupational and Environmental Medicine (ACOEM).

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

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

**Post-op physical therapy 2 x 6 for right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** Per CA MTUS/ Post surgical guidelines, page 13, 9 visits of therapy are authorized for enthesopathy of the ankle and tarsus. In this case the request exceeds the maximal allowable visits. Therefore the determination is for non-certification.

**Post-op Percocet 10/325mg #40 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 12/17/14. Therefore the determination is for non-certification.