

<b>Case Number:</b>	CM15-0172733		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/23/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of March 23, 2014. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and topical Flector patches. The claims administrator referenced an RFA form of August 6, 2015 and an associated progress note of July 29, 2015 in its determination. The applicant was described as status post earlier ankle subtalar fusion surgery of February 12, 2015. On an RFA form dated August 6, 2015, 12 sessions of physical therapy, Flector patches, and a Dynasplint were sought. In an associated work status report of July 29, 2015, the applicant was apparently returned to work with restrictions. On a progress note of July 29, 2015, the applicant was described as status post earlier subtalar fusion with Achilles reconstruction. The applicant was doing well. In one section of the note, it was stated that the applicant had no pain. In another section of the note, it was stated that the applicant had residual pain about the Achilles and heel regions. The applicant was having difficulty performing heel raising tasks, it was reported. Dynamic splinting and Flector patches were endorsed. On an earlier note dated April 29, 2015, the applicant was placed off of work, on total temporary disability. On an operative report of February 12, 2015, the applicant underwent a subtalar fusion procedure, a calcaneal autograft, Achilles tendon debridement, repair, reconstruction, and excision of a calcaneal exostosis, and an excision of the retrocalcaneal bursa. Physical therapy progress note of August 12, 2015 suggested that the claimant had returned to light duty work as a sheriff. The claimant reported increased soreness. 4+/5 lower extremity strength was reported.

The applicant was described as having difficulty with prolonged standing, prolonged walking, and negotiating stair tasks. The applicant had completed somewhere between 31 and 35 sessions of physical therapy through this point, it was reported. On July 24, 2015, it was suggested that the applicant had completed somewhere between 26-30 sessions of physical therapy through that point, it was reported.

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

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

**Physical therapy 2x a week for 6 weeks for the right ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

**Decision rationale:** Yes, the request for 12 sessions of physical therapy for the ankle was medically necessary, medically appropriate, and indicated here. Approval of the request represented treatment in-line with the 48-session course recommended in the MTUS Postsurgical Treatment Guidelines as part of postoperative rehabilitation following Achilles tendon rupture surgery, as seemingly transpired here. The applicant had had approximately 26-30 treatments as of a physical therapy office visit of July 24, 2015 sitting in close temporal proximity to the date of the request, July 29, 2015. MTUS 9792.24.3.c2 further stipulates that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as medical comorbidities, prior pathology, and/or surgery involving the same body part, nature, number, and complexity of surgical procedure undertaken, and/or an applicant's essential work functions. Here, the applicant was described as having undergone a fairly complicated Achilles tendon debridement, repair, and reconstruction procedure, subtalar fusion, calcaneal autograft, calcaneal exostosis excision, and a retrocalcaneal bursa excision procedure on February 12, 2015. Thus, multiple surgical procedures were seemingly undertaken here. The complexity of the applicant's case was great. The applicant was a sheriff, the treating therapist reported. The applicant was described on August 12, 2015 as still having residual deficits in terms of standing, walking, and negotiating stair tasks. Additional treatment on the order that proposed was indicated, given the nature of the applicant's work as a sheriff and the complexity and multiplicity of surgical procedures undertaken. MTUS 9792.24.3.c3 further stipulates that postsurgical physical medicine may be contingent up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the applicant was trending favorably, as reported above. The applicant was returned to modified duty work on July 29, 2015. The applicant was in fact working on a full-time light duty basis, the treating therapist reported on August 12, 2015. Further functional improvement was certainly possible here. Additional treatment on the order that proposed, thus, was indicated. Therefore, the request was medically necessary.

**Flector patches (quantity not provided):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for topical Flexor patches was likewise medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Flector (derivative of topical Voltaren/diclofenac) is indicated in the treatment of osteoarthritis and tendonitis of the knee, elbow, and/or other small joints easily amenable to topical application. Here, the attending provider did state that he intended for the applicant to apply Flector patches to ameliorate ongoing issues with Achilles tendonitis. The request was framed as a first-time request for the same on the July 29, 2015 office visit at issue. Therefore, the request was medically necessary.