

<b>Case Number:</b>	CM15-0175944		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Oregon, Washington  
 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 50 year old female, who sustained an industrial injury on 03-11-2012. She has reported subsequent neck, back, right ankle, left shoulder and left hip pain and was diagnosed with right ankle internal derangement status post right ankle surgery, lumbar myoligamentous injury with possible left lower extremity radiculitis, cervical myoligamentous injury with associated cervicogenic headaches, left shoulder internal derangement with impingement and left hip meralgia paresthetica. MRI of the right ankle on 04-27-2015 revealed minimal tibiotalar and subtalar joint effusion, posterior tibial tendon tenosynovitis, flexor digitorum longus tenosynovitis and tubular hypointense foci in the distal fibula. Treatment to date has included pain medication, physical therapy, bracing, and a home exercise program, which were noted to have failed to significantly relieve the pain. In a progress note dated 07-01-2015, the physician noted that the injured worker's tissue did not appear sufficient to maintain stability of the ankle and that the injured worker would be a candidate for allograft reconstruction. In a primary treating physician's medical legal evaluation dated 07-28-2015, the injured worker reported continued right ankle pain radiating to the right 4th and 5th digits with areas of hypersensitivity to touch with intermittent swelling and reddish discoloration. Objective examination findings revealed slightly decreased range of motion of the right ankle, 9 cm scar along the right lateral malleolar region, decreased motor strength of the right ankle to flexion and extension and decreased motor strength to great toe extension, sensory deficits along the right foot to light touch, areas of hypersensitivity with mild soft tissue swelling and atrophy of the right calf in comparison to the left. Work status was documented as temporarily totally disabled.

A request for authorization of preoperative lab PT and PTT and post-operative physical therapy for the right ankle, 2x6 was submitted. As per the 08-11-2015 utilization review, the request for physical therapy for the right ankle with modified to certification of 4 sessions and a request for preoperative medical clearance including labs, tests, EKG, labs CBC, electrolyte, UA, PT, PTT was modified to pre-operative medical clearance including labs, tests, EKG, labs CBC, electrolyte and UA. Of note, the lateral ligament reconstruction was certified at UR.

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

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

#### **Preoperative lab PT/PTT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing, general.

**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 / preoperative testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative lab testing. ODG low back is referenced. Guidelines for preoperative CBC are stated as patients with a medical risk for anemia or a planned surgery with significant blood loss. For testing of metabolic panel or creatinine, the guidelines recommend testing for patients with chronic kidney disease. Preoperative PT and PTT would be indicated if the planned surgery had an anticipated significant blood loss or if there is a bleeding abnormality. Based on the clinic note of 7/1/15, there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.

#### **Post operative physical therapy for the right ankle, 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** Per CA MTUS the recommended postoperative PT visits are: Posterior tibial tenosynovitis (partial or complete rupture) [DWC]: Postsurgical treatment: 8 visits over 3 months. Peroneal tendon repair [DWC]: Postsurgical treatment: 8 visits over 3 months. In this case the requested 12 visits exceeds the recommended number of visits, thus the request is not medically necessary.