

<b>Case Number:</b>	CM15-0069369		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 61-year-old female who sustained an industrial injury on 5/21/14. Injury occurred when she tripped and fall, landing on her right hip and arm. She sustained a right bimalleolar ankle fracture and underwent open reduction and internal fixation. Records indicated that the injured worker had attended post-operative physical therapy for 24 visits. Records suggested that she was released from physical therapy to a home exercise program around December 2014. The 2/26/15 initial orthopedic report constant burning sensation in both knees, worse on the right. She stated that burning feeling radiated to her legs, sometimes to her low back and hips. She reported bilateral leg pain with constant right ankle and foot swelling, right leg muscle cramps, and numbness in the right toes. Symptoms were managed with rest, being cautious with movement, and over-the-counter pain medications. She was swimming at least once a week and this significantly alleviated the pain and decreased the right ankle and foot swelling. She reported difficulty with balance while walking, standing and climbing stairs. Physical activities, such as prolonged standing and walking, exacerbated her symptoms. Right foot and ankle exam documented well-healed surgical scar and tenderness to palpation over the plantar fascia and lateral and medial malleolus. There was decreased sensation and restricted range of motion in the right foot. Strength was decreased in ankle dorsiflexion. There was no instability. The diagnosis was right ankle fracture. Authorization was requested for physical therapy 3x4 for the right ankle and foot, orthopedic consultation with a foot and ankle orthopedic surgeon for right ankle hardware evaluation and possible removal, and bilateral lower extremity EMG/nerve conduction study (NCS). The 3/11/14 utilization review non-certified the request for

bilateral upper extremity EMG/NCS as there was rationale provided to support the medical necessity of this test, and no clinical evidence suggestive of a low back complaint. The request for orthopedic surgeon for right ankle hardware evaluation and possible removal was modified to an orthopedic consultation for the foot and ankle as hardware removal was not currently medically necessary. The request for physical therapy 3x4 for the right ankle and foot was non-certified as there was no documentation of functional improvement with the past 24 sessions.

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

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

**Physical therapy 3 x 4 for the right ankle and foot:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no current specific functional deficit or functional treatment goal documented to be addressed by additional physical therapy. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise/swimming program. Therefore, this request is not medically necessary.

**EMG on the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 309, 343, 347, 377.

**Decision rationale:** The California MTUS Guidelines state that EMG (electromyography) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms that last more than 3 to 4 weeks. Guidelines do not recommend electrical studies without clinical evidence of foot/ankle entrapment neuropathies. Guidelines state that electrical studies are contraindicated for nearly all knee injury diagnoses. Guideline criteria have not been met. There is no documentation that this patient has low back symptoms. There is no current physical exam evidence suggestive of lumbar radiculopathy or focal neurologic deficit to support the medical necessity of electrodiagnostic testing at this time. Therefore, this request is not medically necessary at this time.

**NCS on the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Nerve conduction studies (NCS).

**Decision rationale:** The California MTUS do not address the medical necessity of NCV (nerve conduction velocity) testing for low back complaints. Guidelines do not recommend electrical studies without clinical evidence of foot/ankle entrapment neuropathies. Guidelines state that electrical studies are contraindicated for nearly all knee injury diagnoses. The Official Disability Guidelines state that nerve conduction studies are not recommended in low back injuries. There is no compelling reason to support the medical necessity of a bilateral lower extremity nerve conduction study in the absence of guideline support. Therefore, this request is not medically necessary.

**Orthopedic surgeon for the right ankle hardware evaluation and possible removal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127, Official Disability Guidelines Ankle - Hardware implant removal (fracture fixation).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Hardware implant removal (fracture fixation).

**Decision rationale:** The California MTUS guidelines do not provide specific recommendations for ankle hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. Guideline criteria have been met for hardware removal at this time. The 3/11/14 utilization review modified this request and approved an orthopedic consult with the foot and ankle surgeon. There is no compelling reason to support the medical necessity of additional certification at this time pending the orthopedic recommendations. Therefore, this request is not medically necessary.