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| <b>Case Number:</b>   | CM15-0093462 |                              |            |
| <b>Date Assigned:</b> | 05/19/2015   | <b>Date of Injury:</b>       | 12/09/2014 |
| <b>Decision Date:</b> | 08/14/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2015 |

### 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 43 year old female, who sustained an industrial injury on December 9, 2014. The injured worker reported left ankle and foot pain. The injured worker was diagnosed as having ruptured tendon of foot and inversion ankle sprain. Treatment to date has included X-rays, magnetic resonance imaging (MRI), physical therapy, cam walker boot and medication. A progress note dated April 1, 2015 the injured worker complains of left ankle pain. Physical exam notes pain on palpation of outer ankle. The plan includes physical therapy, ankle brace, surgery and associated services and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left peroneal tendonoscopy, possible debridement and repair versus transfer:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pages 374-375, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement; Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot; and Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go on to recommend referral for early repair of ligament tears as controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 4/1/15 of significant pathology or failed conservative management to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore the guideline criteria have not been met and the request is not medically necessary.

**Oxycodone 5mg #60:** Upheld

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

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Vistaril 25mg 330:** 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), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=17f166b4-5202-4b7c-bbb6-7922c36ab2ca>.

**Decision rationale:** MTUS, ACOEM, and ODG guidelines are all silent on the use of Vistaril. The U.S. National Library of Medicine indicates Vistaril "for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested: Useful in the management of pruritus due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus." In this case, there is insufficient evidence from the exam note of 4/1/15 that the patient has "anxiety and tension associated with psychoneurosis" or other condition as discussed above. Therefore, the requested Vistaril is not medically necessary.

**Elquis 2.5mg or Lovenox 40mg injection #14:** 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), Knee & Leg (Acute & Chronic).

**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, Venous thrombosis.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical services: Leg up scooter:** 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), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, rolling knee walker.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical services: 18 physical therapy visits:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.