

<b>Case Number:</b>	CM14-0003565		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45 year old female who had a work-related injury on 9/30/13. The diagnoses include left ankle sprain/strain (anterior talofibular sprain) and small left peroneus longus tear. There is a request for six additional sessions of physical therapy for the left foot and ankle and a request for casting of the left foot. A 1/9/14 primary treating physician progress handwritten report states that the patient has left ankle and foot pain. The objective findings are antalgic gait, decreased range of motion, and slight swelling. There is a 12/9/13 office visit in which the patient complains of increased pain with weight-bearing. She states that she is unable to bend her foot while walking. The objective findings on examination were reported as unchanged. The diagnoses include left ankle strain/sprain and peroneus longus tear. The treatment plan included a walking boot, continuing medications; and continuing physical therapy. The primary treating physician note dated 12/19/13 stated that the patient was noting slow improvement with the ultrasound and whirlpool. The objective findings on examination included left foot limited range of motion. She was wearing a CAM walker, and used a cane. She was not able to flex foot when walking and was unable to toe heel walk. The diagnosis was left ankle strain/sprain, and peroneus longus tear. The treatment plan included six additional sessions of physical therapy, casting of the left foot, ibuprofen, and Tramadol. There is a 1/30/14 primary treating physician document that states that the patient has less ankle and foot pain. She has an occasional sharp tibia pain, both lateral and medial. She is doing her home exercise program and still using her cane and CAM walker. On physical exam, her range of motion was improving and an MRI is pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2X3 VISITS FOR THE LEFT ANKLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 14, 369

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

**Decision rationale:** The MTUS guidelines state that there should be a fading of frequency of therapy with the addition of an active self directed home program. The Official Disability Guidelines recommend up to 9 visits of therapy for an ankle sprain and ankle enthesopathy. The patient has already exceeded this number of visits. The documentation indicates that the patient has had at least 12 physical therapy visits authorized. There are no extenuating circumstances indicating why patient cannot participate in an active self directed home physical therapy program at this point. As such, the request is not medically necessary.

**LEFT FOOT CASTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), ANKLE AND FOOT COMPLAINTS, 370

**Decision rationale:** The MTUS guidelines state that for ankle sprains, splinting or immobilization in a shoe can be used if needed for severe cases. The MTUS guidelines do not specifically address casting for tendon tears. The Official Disability Guidelines state that a CAM walker is a type of removable cast. The guidelines state that casting is not recommended in the absence of an unstable joint or severe ankle sprain. Functional treatment appears more favorable for ankle sprains. The documentation indicates that the patient already has a CAM walker. The documentation is not clear on why casting is necessary over her CAM walker. The documentation does not support the medical necessity of left foot casting. As such, the request is not medically necessary.