

<b>Case Number:</b>	CM14-0169697		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/23/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine and is licensed to practice in New York. 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 injured worker is a 51 year old female who had been employed in her position with the same organization for 14 years as a fitness instructor. During the course of her work she sustained an injury when the fitness ball that she working with "popped" and she landed on her head sustaining injuries to her head, neck, wrists, low back, right ankle, right foot and toes. The injury occurred 23 Aug 14 and the evaluation from her treating provider 12 Sep 14 found the following issues with her right ankle and foot: There was an effusion as well as tenderness to palpation over the lateral and medial malleolus together with approximately a 50% reduction in ROM of the ankle as well as tenderness to palpation of the anterior talo-fibular ligament and tenderness over the dorsal aspect of the foot and toes. The injured worker reported pain as 7/10, constant, worse with weight bearing, standing, walking, squatting and kneeling. The pain was described as responding to medications, rest and activity restrictions. The working diagnoses included a right ankle sprain/strain and right foot/toes pain. The treating provider recommended the use of a course of physical therapy and acupuncture to be provided 3 times a week over the course of 6 weeks. This IMR is to evaluate this recommendation for the ankle/foot/toe injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right ankle, foot, and toe, x 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-376, Acupuncture Treatment Guidelines.

**Decision rationale:** Assessing for Functional Improvement is the essential guide to the approach to rehabilitation from any injury and a timely return to work with the minimal risk for developing a chronic debilitating problem. While the requested total number of visits could be supported it would not be judicious to proceed without a timely assessment for any functional improvement. It would be expected that evidence to support functional improvement from this modality of care would be seen after 3 to 6 treatments. Thus the modified approval of 6 treatments with a re-submission of the requested balance based on evidence for functional improvements is supported. The decision for Acupuncture for the right ankle, foot, and toe, x 18 sessions is not certified.

**Physical Therapy for the right ankle, foot, and toe x 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361,369-376, Chronic Pain Treatment Guidelines Part 2 Page(s): 98-99.

**Decision rationale:** For any acute sprain/strain/contusion the use of elevation and with the lower extremity a brief period of non-weight bearing are appropriate. Instructing the injured member on a program for self-care is also important, to include passive range of motion as well as the judicious use of heat and cold before or after exercise. The intermittent application of cold for the first 24-36 hours can be very beneficial. In severe cases the use of immobilizers or splints may prove necessary. In this case the choice was to add physical therapy which can ensure the appropriate application and supervision/guidance of various modalities. 8-10 visits over the course of 4 weeks can be supported. Again there should be evidence for functional improvement and there should definitely be evidence after 5 treatments as supported in the decision. We are advised to allow for fading of treatment frequency from 3 times per week to 1 or less. So maintaining the requested frequency of 3 times per week after the functional assessment would not be recommended. Therefore, the request for Physical Therapy for the right ankle, foot, and toe x 18 sessions is not medically necessary and appropriate.