

<b>Case Number:</b>	CM14-0170537		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Jersey. 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 worker is a 54 year old female who was injured on 8/6/2014 after her right ankle rolled, falling on her right arm and hand. Her right ankle frequently rolls since a previous right ankle injury (2010) which required surgery as it has been chronically instable and for which she uses an ankle brace chronically. She was diagnosed with right radial styloid fracture and medial malleolar fracture of the right ankle, although initial x-rays of both areas showed no abnormalities. She was seen by her orthopedist on 8/12/14. Physical examination findings included tenderness of medial malleolus on the right ankle, tenderness of peroneus longus and brevis, sinus tarsi, talofibular ligament, anterior talofibular ligament, calcaneofibular ligament, and peroneal retinaculum of the right ankle. Also, there was right styloid process tenderness. She was then recommended she use Norco, a wrist cast, and a Cam walker boot for the ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cam Boot:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cam Walker

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** The MTUS ACOEM Guidelines state that for acute injuries such as fractures, immobilization and weight bearing as tolerated is recommended followed by taping or bracing later to avoid exacerbation or for prevention. In the case of this worker, using a removable cast such as a Cam Boot is appropriate for her ankle fracture, regardless of her previous injuries to her right ankle. Therefore, the Cam boot is medically necessary until her fracture is fully healed.

**Physical Therapy (Right Wrist/Ankle) 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 370; 264.

**Decision rationale:** The MTUS ACOEM Guidelines state that after an acute injury of the foot and ankle, foot and ankle exercises for range of motion and strengthening performed at home and instructed by the primary treating physician should be sufficient to improve function. The MTUS also states that for wrist injuries, home exercises for range of motion and strengthening is also appropriate and sufficient. In the case of this worker, she experienced an acute fracture of the wrist as well as an acute fracture of the ankle. After immobilization as prescribed by her orthopedist the above home exercises should be sufficient physical therapy for her to recover from her acute injury at least to the point of where she was before her injury. Considering her previous injuries to her right ankle, she may not fully recover with simple exercises. However, it is unclear as to how many sessions of physical therapy she has already completed for her right ankle and if she benefitted from them. Therefore, the physical therapy for the right wrist and right ankle is medically unnecessary.