

<b>Case Number:</b>	CM14-0041570		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida, and 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 21-year-old female who reported an injury on 06/25/2013. The injured worker sustained an injury while taking care of her kids at work on her right ankle. The injured worker underwent an MRI on 08/05/2013 which was essentially normal, other than showing some fluid around the FHL and no comment was made about the lateral ankle ligament structures on the MRI report. On 12/20/2013, the injured worker complained of right lateral ankle pain and instability. It was noted that since her date of injury on 06/25/2013, the injured worker had sprained her ankle 3 to 4 times. The injured worker stated that she cannot trust her ankle and she had tried physical therapy for 2 months and stated that she had felt it had benefited her; however, she wondered if they have not been as aggressive in terms of rehabbing her and states that they did not work on her proprioceptive training exercises and were not aggressive about strengthening the ankle. On the physical examination of the right ankle revealed her gait was fairly well-balanced; however, she favored the right lower extremity. When standing she had good overall alignment of the ankle and hind foot. The exam of the right lower extremity showed that skin was intact with good turgor. It was noted that the injured worker had significant laxity on the anterior drawer as well as varus stress. She had mild discomfort with palpation over the ATFL as well as the CFL. Her peroneal tendon strength was good; however, it was slightly weaker than the contralateral side. The rest of her foot and ankle had good overall alignment. It was noted that the injured worker underwent x-rays 3 views of the right ankle and foot that showed good overall alignment of the ankle and hind foot. There was no evidence of medial clear space widening of any degenerative joint changes. The x-rays also revealed that her foot had good alignment without any evidence of arthritis. There were no medications listed for the injured worker or conservative care such as home exercise regimen. The treatment plan

included for decision for physical therapy 2 times a week for 6 weeks for the right ankle. The authorization for request was submitted on 12/20/2013.

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

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT ANKLE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter, Physical Therapy Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that physical therapy for the right ankle is for short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapy to help control swelling, pain and inflammation during the rehabilitation process. Therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension for the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The documents that were provided on 12/20/2013 stated the injured worker showed her gait was fairly well-balanced. The injured worker's x-ray examination and MRI findings were all within normal limits. In addition, there was no medication listed for the injured worker or home exercise regimen for functional improvement and she has already attended physical therapy. Given the above, the decision for the physical therapy 2 times a week for 6 weeks for the right ankle is not medically necessary.