

<b>Case Number:</b>	CM14-0043252		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and is licensed to practice in Illinois. 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 58-year-old female with a reported injury on 11/19/2013 where she was at work and she slipped into a ditch and twisted her left ankle. The injured worker's diagnosis was closed trimalleolar fracture. The injured worker has had previous sessions of physical therapy and splinting. The number of sessions and the efficacy of the previous physical therapy were not provided. The injured worker had an ORIF (open reduction and internal fixation) of the right ankle on 12/09/2013. The injured worker had an examination on 12/11/2014 regarding pain to her right ankle. Upon examination, she denied muscle pain, muscle cramps, twitches, muscle wasting or muscle weakness. She did report joint pain, joint stiffness, and joint swelling, although she did deny any limitation of joint movements. Upon examination, it was found that the injured worker had 0% of dorsiflexion of the right ankle. She was ambulating in a Cam walker boot. Her ankle Cam boot was able to move at 90 degrees in its neutral position. Radiographs were taken and showed no loss of position of the medial malleolus but there was still incomplete bone union. There was not a list of functional deficits provided and there was not an examination of motor strength and weakness provided. The medication list consisted of clobetasol topical lotion, Minivelle patch, hydrocodone, and ondansetron. The recommended plan of treatment was for the injured worker to have a Cam walker short leg boot with an adjustable range of motion of the ankle joint to allow dorsiflexion of the ankle while ambulating, to continue physical therapy, and increase range of motion of the right ankle. The Request for Authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x24 visits for right ankle: 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) for Ankle and Foot regarding Physical Therapy.

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

**Decision rationale:** The California MTUS Guidelines recommend therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Functional deficits and improvements were not provided. There was a lack of evidence of pain relief and there was not a VAS pain scale provided. There was a lack of evidence that the injured worker is on a home exercise program. Furthermore, the request is asking for 24 visits, which exceeds the recommended amount of 10 visits. The Guidelines recommend up to 24 visits with functional improvement for sympathetic dystrophy. There is a lack of evidence to support the medical necessity of further physical therapy without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines. Therefore, the request for Physical Therapy x24 visits for right ankle is not medically necessary.