

<b>Case Number:</b>	CM14-0046586		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Jersey & 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 27 year-old female who was injured on 12/8/12 when she crawled down an aqueduct and fell into a river scraping her whole back. Two days later, she injured her left ankle jumping off a dock onto uneven concrete ground. She was only diagnosed with a left ankle fracture on 1/13/13 and was given a walking boot. In 3/2013, an MRI showed complete healing. She had physical therapy for six sessions which provided temporary relief. In 8/2013, she continued to complain of left foot pain. On exam, she had decreased range of motion and tenderness. She was able to exercise but complained of pain afterwards. She was diagnosed with double crush syndrome, edema of the peripheral nerve structures, and peripheral nerve impairment. Her medications include anti-inflammatories, Metanx, and Neurontin. She had a nerve block. The current request is for a physical therapy evaluation, electrodiagnostic testing, and ankle brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Evaluation:** Upheld

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

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

**Decision rationale:** The request is considered not medically necessary. The patient has already had 6 sessions of physical therapy. An evaluation is not necessary at this time. The patient should have been taught home exercises at this point to continue at home. There was a comment that the patient had some temporary relief with the physical therapy but there was no physical therapy notes in the chart with objective documentation in improvement in pain and functional capacity. Therefore, the request is considered not medically necessary.

**EMG/NCV:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Electrodiagnostic Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, EMG/NCS

**Decision rationale:** The request is considered medically necessary. ODG guidelines were used as MTUS does not address EMG/NCS use for the ankle. The patient had positive Tinel's and Wartenberg's Wheel Sign with continued pain nearly two years after the initial injury. She was diagnosed with peripheral nerve impairment. It is reasonable to evaluate her neurological symptoms with electrodiagnostic testing. Therefore, the request is considered medically necessary.

**Ankle Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Diagnostic Guidelines (ODG); Ankle Chapter, Semi-rigid ankle support.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Bracing (immobilization)

**Decision rationale:** The request for an ankle brace is not medically necessary. ODG guidelines were used as MTUS does not address the use of ankle brace. It is not recommended unless the patient has an unstable joint. As per the chart, the patient is weight-bearing and is able to continue exercising. Therefore, the ankle brace is not medically necessary.