

<b>Case Number:</b>	CM14-0208656		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/13/2009
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal 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 46 year old woman with a date of injury of 6/13/08. She was seen by her treating physician on 9/24/14 and 10/22/14. She had continued right ankle pain and noticed a large painful growth on the anterior aspect of her right ankle. She was unable to use the hinge brace AFO as it did not fit in her shoes. She completed six physiotherapy visits with 60% reduction in pain and restoration of function. Her exam showed a healed surgical site with 1+ edema and mild to moderate tenderness instead of moderate to severe. She had continued limitations in range of motion but this had increased 50-60%. There was a tender fusiform movable mass on her anterior right ankle which caused tingling in her toes when palpated. Her neurologic exam showed normal strength in the lower extremities. Pin prick sensation was decreased in the right lateral ankle foot in peroneal nerve distribution. Her diagnoses were status post twisting injury right foot/ankle, posttraumatic arthrofibrosis and synovitis with surgical repair - right ankle, chronic inversion instability, neuritis, osteochondral defect right ankle, degenerative joint disease and large painful soft tissue mass - right ankle. At issue in this review is the request for extra depth shoes to accommodate her hinge AFO, 6 adjustment visits (lumbar) for acute sciatica and 6 additional physiotherapy visits (right ankle) following surgery from an ankle sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Adjustment visits (lumbar): 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 Page(s): 58-59.

**Decision rationale:** Manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, lumbar adjustments for sciatica are requested. However the notes of 9/14 and 10/14 do not reflect a lumbar spine exam or a discussion of low back or sciatica symptoms. The records do not indicate that the worker is not able to return to productive activities. The records do not support the medical necessity of a 6 adjustment visits for the lumbar spine.

**6 additional physiotherapy visits (right ankle):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371, 378. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. There is noted improvement in pain, function and physical exam. The records do not support the medical necessity for six additional physical therapy visits in this individual with chronic ankle pain.

**One pair of extra depth shoes purchase (right ankle):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371 and 378. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle chapter, Orthotic devices

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-386.

**Decision rationale:** This injured worker has a right ankle injury and is status-post surgery and physical therapy and was using an ankle foot orthosis/brace. At issue in this review are shoes to wear with the right ankle brace. Per the guidelines, it is not recommended to use prolonged supports or bracing due to the risk of debilitation. In this case, the worker has documented improvements in pain and function and physical exam. Her gait or function with and without the

AFO is not documented in the notes. The rationale and medical necessity for continued bracing and shoes to accommodate her right ankle brace use is not substantiated in the medical records.