

<b>Case Number:</b>	CM14-0098448		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 missed the bottom two steps and fell while going downstairs during a fire drill on 1/3/2014. She sustained an inversion sprain of the left ankle. She was evaluated with x-rays on the same day and no fractures were found. She was treated appropriately for an ankle sprain with an initial boot and subsequent Physical Therapy. Healing was slow and some edema and stiffness remained. Other unrelated issues included diabetes, hypothyroidism, status post thyroidectomy, hypertension, and pain in the right wrist and carpometacarpal joints of both hands. She also has genu valgum and is obese. Four months after the injury she went for a second opinion. The notes document continuing pain on the lateral aspect and decreased range of motion in the foot and ankle but there was no pain with range of motion. The notes do not document testing for instability such as anterior drawer or talar tilt test or a repeat x-ray to check for an osteochondral fracture, widening of the syndesmosis or other occult injury. The worker was advised an MRI scan of the ankle, TENS unit, acupuncture, Physical Therapy, Lab workup including CBC, Chem20, TSH, RF, CRP, and ANA, urine screen, Ibuprofen and Acetaminophen. The disputed issues include RF, CRP, and ANA. The requested Physical Therapy was 2 x 4 and out of these 8 visits 4 were authorized. The remaining visits are disputed. The available records do not include the MRI findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC, Chem 20, RF, CRP, ANA, TSH r/o:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw4260.html> , <http://www.labtestsonline.org/understanding/analytes/cmp/glance.html> , <http://labtestsonline.org/understanding/conditions/rheumatoid/start/1>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm> <http://www.nlm.nih.gov/medlineplus/ency/article/003548.htm> <http://www.nlm.nih.gov/medlineplus/ency/article/003535.htm> Harrison's Principles of Internal Medicine 18th Edition 2012 page 2825

**Decision rationale:** There is no clinical evidence of a systemic inflammatory process involving the ankle. The imaging studies are likely to be more helpful to diagnose an occult injury. Serologic tests for rheumatoid factor, and antinuclear antibodies should be carried out when there is clinical evidence to suggest rheumatoid arthritis or lupus. These have poor predictive value when used for screening, especially when the pretest probability is low. Although 4-5 percent of a healthy population will have positive tests for RF and ANAs, only 1% and <0.4% of the population will have Rheumatoid Arthritis or Systemic Lupus Erythematosus respectively. (Harrison's Principles of Internal Medicine 18th Edition 2012, page 2825). This request is not medically necessary.

**Physical Therapy 2 times a week for 4 weeks for left nakle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

**Decision rationale:** The worker has completed a formal Physical Therapy program and has been instructed in a home exercise program. Additional 4 visits have been approved. This should be sufficient to supervise an effective home exercise program for strengthening and improving the range of motion. The guidelines allow for fading of the frequency. As such, this request is not medically necessary.