

<b>Case Number:</b>	CM15-0112804		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/28/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 59-year-old female, who sustained an industrial injury on October 28, 2014. She reported a right ankle injury. The injured worker was diagnosed as having fracture lateral malleolus-closed and joint pain-ankle. Diagnostic studies to date have included x-rays and MRI arthrogram. Treatment to date has included 24 sessions of physical therapy, work modifications, casting, splinting, a right ankle boot, an air cast, and medications including pain and non-steroidal anti-inflammatory. On May 11, 2015, the injured worker complained of pain posterior to the lateral malleolus and at the anterolateral aspect of the right ankle. Associated symptoms include weakness and swelling. The treating physician noted that she is more than 6 months status post right ankle Weber B fracture with persistent anterior impingement. Her non-steroidal anti-inflammatory medication provides mild relief. She reports improvement with physical therapy but notes persistent weakness with balancing. She is currently working with modified duties. The right foot/ankle exam revealed an antalgic gait, normal alignment of the right foot, moderate swelling, and tenderness of the anterior talofibular ligament, calcaneofibular ligament, deltoid ligament, and peroneus brevis. The right ankle range of motion was normal, but painful. There was weakness in plantar flexion, dorsiflexion, and inversion/eversion. There were significant proprioceptive deficits. The treatment plan includes an additional 12 sessions of physical therapy for ankle proprioception - unbalanced training for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2x6 weeks for the right ankle (12 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week than six weeks to the right ankle (12 visits) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are fractured lateral malleolus closed; and joint pain ankle. The injured worker is status post months right ankle fracture. There was a peer-to-peer conference between the utilization review provider and treating provider. The treating provider indicated the injured worker received 24 sessions of physical therapy today. The worker had slow and steady progress. The treating provider states the injured worker developed peroneal tendinitis (a new symptom). The injured worker should be well versed in the exercises performed during physical therapy (after receiving 24 physical therapy sessions). There are no compelling clinical facts indicating additional physical therapy is warranted while the injured worker conducts an aggressive home exercise program. Consequently, absent compelling clinical documentation indicating additional physical therapy is clinically warranted (over and above the recommended guidelines), additional physical therapy two times per week than six weeks to the right ankle (12 visits) is not medically necessary.