

<b>Case Number:</b>	CM15-0113011		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/29/2015
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<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  
Certification(s)/Specialty: Emergency 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 52 year old female, who sustained an industrial injury on March 29, 2015. She reported right knee and ankle pain. The injured worker was diagnosed as having status post right distal tibia fracture and ankle sprain, other sprains and strains of the ankle, lower leg joint pain and difficulty walking. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, a walking boot and single crutch, medications and work restrictions. Currently, the injured worker complains of continued right ankle and knee pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Physical therapy evaluation on June 11, 2015, revealed she tolerated therapy well. The evaluator noted the injured worker exhibited a good understanding of the therapeutic activities and that she would benefit from additional visits. It was noted she had decreased range of motion in the right lower extremity and had required blood to be drained from the right knee. Physical therapy and a brace for the right ankle were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASO right ankle brace:** 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), Ankle & Foot, Ankle foot orthosis (AFO); Bracing (immobilization).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Brace.

**Decision rationale:** The requested ASO right ankle brace, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Brace note: "Brace is Not Recommended for all Sub-Acute and Chronic Ankle and Foot disorders (Insufficient Evidence (I)) Prolonged supports or bracing without exercise is not recommended due to risk of debilitation." The injured worker has right ankle and knee pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Physical therapy evaluation on June 11, 2015, revealed she tolerated therapy well. The evaluator noted the injured worker exhibited a good understanding of the therapeutic activities and that she would benefit from additional visits. It was noted she had decreased range of motion in the right lower extremity and had required blood to be drained from the right knee. The treating physician has not adequately documented joint instability. The criteria noted above not having been met, ASO right ankle brace is not medically necessary.

**Physical Therapy for the right ankle 3 x 4:** Upheld

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

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

**Decision rationale:** The requested Physical Therapy for the right ankle 3 x 4, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has right ankle and knee pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Physical therapy evaluation on June 11, 2015, revealed she tolerated therapy well. The evaluator noted the injured worker exhibited a good understanding of the therapeutic activities and that she would benefit from additional visits. It was noted she had decreased range of motion in the right lower extremity and had required blood to be drained from the right knee. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy for the right ankle 3 x 4 is not medically necessary.

