

<b>Case Number:</b>	CM15-0113873		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 59-year-old female, who sustained an industrial injury on 6/17/14. The injured worker was diagnosed as having enthesopathy of the hip, sprain of the knee, and sprains and strains of the ankle. Treatment to date has included physical therapy, which was noted to be helping with mobility, strength, and function. Other treatment included medication such as Naproxen Sodium and Norco. Currently, the injured worker complains of right ankle pain and swelling as well as restricted range of motion. Right knee instability and right ankle instability were also noted. The treating physician requested authorization for a right ankle brace and physical therapy 3x4 for the right leg, ankle, and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3x4 for Right Leg, Ankle and Foot:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was noted as 12) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Maximum number of PT sessions recommended by guideline is 10 sessions. Additional 12 physical therapy sessions are not medically necessary.

**DME 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 and Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** As per ACOEM guidelines, ankle brace is only recommended during acute phase of injury or with signs of instability. Chronic bracing without active exercise is not recommended as it may worsen range of motion and chronic problems. Patient's injury is chronic and there is no documentation of instability. Ankle brace is not medically necessary.