

<b>Case Number:</b>	CM15-0172545		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64-year-old female, who sustained an industrial injury on October 9, 2014. She reported bilateral ankle pain status post bilateral ankle fractures. The injured worker was diagnosed as having status post bilateral ankle fractures. Treatment to date has included diagnostic studies, physical therapy, surgical intervention of the right ankle, medications, compression stockings and work restrictions. Currently, the injured worker continues to report bilateral ankle pain, swelling, decreased range of motion, tingling and numbness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on February 26, 2015, revealed continued pain as note status post open reduction internal fixation (ORIF), left ankle syndesmotric disruption and closed treatment of a right Weber ankle fracture. She noted she had been working with physical therapy. She noted significant left lower extremity swelling. Work restrictions were continued. Physical therapy notes from February 13, 2015, revealed continued left ankle swelling with weight bearing. Physical therapy notes on February 18, 2015 and February 20, 2015, revealed no significant changes however, decreased swelling with AFO device was noted. Physical therapy continued. Evaluation on March 2, 2015, revealed range of motion was within normal limits however, balance and strength deficits continued. The physical therapy notes were hand written and difficult to decipher. The work status report on April 8, 2015, revealed continued work restrictions. Evaluation on April 9, 2015, revealed continued bilateral ankle problems. She reported her right ankle had returned to nearly full functionality but noted she continued to be limited by the left ankle. Left ankle hardware removal was performed on June 5, 2015.

Evaluation on August 3, 2015, revealed improvement in functionality of the left ankle status post hardware removal. She reported continued significant swelling of the bilateral ankles. The RFA included a request for Massage therapy 2-3 times per week for 6 weeks (18 visits) that was noncertified and Physical therapy 2-3 times per week for 6 weeks (18 visits) that was modified on the utilization review (UR) on August 12, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy 2-3 times per week for 6 weeks (18 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

**Decision rationale:** The claimant sustained a work injury when she tripped over steps and fell in October 2014 with bilateral ankle fractures. She underwent closed reduction on the right and ORIF on the left and had removal of left ankle hardware on 06/05/15. She was seen six weeks after surgery. She was having some low back pain due to having used a walker and cane for a prolonged period of time. She had not returned to having full left lower extremity balance and proprioception. There had been improvement in function and range of motion physical examination findings included full bilateral ankle range of motion there was no ankle tenderness. She had normal strength and sensation. Postoperative physical therapy and massage therapy were requested. She had physical therapy in February and March 2015. After the surgery performed, guidelines recommend up to 21 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. Additionally, when requested there were no impairments documented or assessment of the claimant's balance or gait. In this case, the number of visits requested is in excess of that recommended or what might be expected to provide a home exercise program, which could include use of a BAPS board for balance. The request is not medically necessary.

#### **Massage therapy 2-3 times per week for 6 weeks (18 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The claimant sustained a work injury when she tripped over steps and fell in October 2014 with bilateral ankle fractures. She underwent closed reduction on the right and

ORIF on the left and had removal of left ankle hardware on 06/05/15. She was seen six weeks after surgery. She was having some low back pain due to having used a walker and cane for a prolonged period of time. She had not returned to having full left lower extremity balance and proprioception. There had been improvement in function and range of motion physical examination findings included full bilateral ankle range of motion there was no ankle tenderness. She had normal strength and sensation. Postoperative physical therapy and massage therapy were requested. She had physical therapy in February and March 2015. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions being requested is in excess of guideline recommendations and not medically necessary.