

Case Number:	CM13-0018114		
Date Assigned:	12/11/2013	Date of Injury:	06/30/2008
Decision Date:	12/17/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 51 year old male who sustained an industrial injury on 06/30/2008. The mechanism of injury occurred when he mis-stepped off a ladder and landed on his right leg and injured his right calf. His diagnosis include right lower leg pain and right achilles tendon rupture s/p repair and tendon debridement on 04/04/2013. He continues to complain of right ankle pain and stiffness. On physical exam there is pain to palpation along the achilles tendon. Treatment in addition to surgery has included medical therapy and physical therapy. The treating provider has requested ADDITIONAL PHYSICAL THERAPY TO THE BILATERAL ANKLES (2) TIMES A WEEK FOR (6) WEEKS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the Bilateral Ankles (2) Times a Week for (6) Weeks:
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 Procedure Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Procedure Chapter

Decision rationale: There is no documentation provided necessitating additional physical therapy sessions. The documentation does not indicate the number of physical therapy sessions that the claimant has attended to date. A note from a provider recommended more physical therapy. Per the reviewed guidelines for an achilles tendon rupture post-surgical treatment is for 48 visits over a 16 week period. In addition physical therapy for both ankles is being requested. Medical necessity for the requested item has not been established. The requested item is not medically necessary.