

Case Number:	CM13-0023688		
Date Assigned:	12/13/2013	Date of Injury:	06/21/2012
Decision Date:	01/31/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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:

This patient, with injury reported 6/21/12, had peroneal tendonitis. The patient had 6 visits of physical therapy with 30% improvement of symptoms. At the 8/20/13 follow-up visit, the patient was noted to be still wearing a brace and to have difficulty with standing and walking. The patient did not have pain continuously and was able to walk further than at the initial evaluation on 7/23/13. Patient had shown functional improvement with physical therapy. Physical examination showed severe tenderness at the navicular tuberosity and along the distal portion of the post tibial tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times a week for 6 weeks: Upheld

Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient has already had 6 visits of physical therapy with functional improvement. The patient is now 18 months post injury. At this stage, according to MTUS, the patient should have progressed to self-directed home physical therapy. Furthermore, the ODG recommendation for Achilles tendinitis is 9 physical therapy visits over 5 weeks. Therefore the request for an additional 12 visits of PT is outside the recommendation of the guidelines.