

Case Number:	CM13-0030387		
Date Assigned:	11/27/2013	Date of Injury:	06/17/2013
Decision Date:	03/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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.

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 patient is a 53 year old female with date of injury 6/17/13. The request is for 6 additional physical therapy sessions. The treating physician report dated 9/11/13 states the patient has continued left ankle and foot pain and has finished her second course of physical therapy and does therapeutic home exercises as instructed. Her diagnoses are: 1. 727.9 Posterior Tibial Tendon Insufficiency Disorder 2. 734 Acquired Flat Foot 3. Sprain of Ankle 4. Posterior Tibial Tendinitis The utilization review report dated 9/18/13 states that an MRI of the left ankle/foot revealed a partial tear of the tibialis tendon. The decision was to deny further physical therapy as there is no evidence of significant progressive functional improvement from the previous PT visits

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS 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), Physical Therapy Ankle/Foot. ,

Decision rationale: The patient presents with chronic left ankle and foot pain from a twisting injury. The progress reports from 7/24/13, 8/5/13, 8/28/13, 9/12/13 and 9/26/13 were reviewed. The reports indicate that the patient underwent a second round of 6 sessions of therapy with some gradual improvement of that included work restrictions from 30 minutes of standing to 45 min of standing/walking per hour. No other significant functional improvements were reported. 9/24/13 report by the Orthopedist states that therapy treatments were not felt to be beneficial per patient but did not want to have surgery. The patient was to continue with Cam Boot and return if surgery was desired. The MTUS guidelines for physical therapy state under "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". It recommends 9-10 visits for myalgia/myositis/tendinitis type of symptoms. In this case, the patient has had two rounds of 6 sessions for what appears to be 12 sessions or so of treatments. The treater's additional request exceeds what is allowed per MTUS guidelines. The treating physician does not provide any specific rationale as to why therapy should be continued other than for subjective pain. The patient should be able to transition into home exercise program per MTUS guidelines. The request is not certified.