

<b>Case Number:</b>	CM13-0033000		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Family Practice 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:

The patient is a 39-year-old male who reported an injury on 04/18/2013. The mechanism of injury was reported as the patient was running, participating in physical education, when he felt a pop in the back of his leg. The patient was diagnosed with left Achilles rupture. The clinical documentation states the patient reported throbbing pain, swelling, and tenderness. The patient reported that the pain was intermittent. The patient was using crutches and had been non-weight-bearing in a cast. The patient used ibuprofen as well as hydrocodone. An MRI dated 04/25/2013 showed an Achilles rupture over 3 cm segment, 4 cm above the calcaneus, distal 8 cm of the Achilles is abnormal. The physical examination revealed no acute distress, decreased tension in the musculotendinous unit of the left versus the right and the patient also had a palpable gap within the left Achilles. The patient also had a positive Thompson's test. The clinical documentation also states that the patient has participated in 24 sessions of physical therapy with functional improvement but the patient needs more stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 x 6 left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

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

**Decision rationale:** CA MTUS states physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines also state to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home exercise. However, no clinical documentation was submitted to indicate continued functional deficits, pain medication efficacy, or if the patient is participating in a home exercise program. Also, the maximum allowed physical therapy visits is 24 visits. The clinical documentation indicates the patient has already had 24 visits of physical therapy. This request for 12 additional physical therapy sessions exceeds the guidelines' recommendations. Given the lack of documentation to support guideline criteria, the requested services are not medically necessary.