MAXIMUS Federal Services

| Case Number: | CM13-0036129 | | |
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| Date Assigned: | 06/25/2014 | Date of Injury: | 06/30/2008 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

## 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 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 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 injured worker is a 52-year-old male with a date of injury reported on 06/30/2008. The mechanism of injury was not provided. The injured worker had an exam on 08/01/2013 where he complained of ankle pain and pain to the Achilles tendons bilaterally. He reported that he has difficulty walking and standing. The evaluation did not show any result of any specific exams and there was not a strength exam provided. There was not a list of medications provided nor was there any kind of documentation regarding any previous conservative treatment such as medications, physical therapy, or home exercise. The diagnoses consist of Achilles tendon rupture, Achilles strain and sprain, Achilles tendon and chronic tenderness. The recommended plan of treatment is physical therapy for twice a week for 6 weeks and also a plasma rich protein injection bilaterally to the Achilles. The request for authorization form was signed on 08/01/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY VISITS TWO TIMES PER WEEK FOR SIX WEEKS.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state that therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling to improve the rate of healing soft tissue injuries. There is no documentation provided that states that there has been previous physical therapy treatments or any list of medications and their efficacy or any home exercise program. The Guidelines also do state that therapy can be beneficial for restoring flexibility, strength, endurance, function, and range of motion. There is no documentation or evidence of any functional deficits. Furthermore, the Guidelines do recommend up to 10 visits and the recommendation is asking for 12 visits which exceeds the recommendation of 10 visits. Therefore, the request for the physical therapy twice a week for 6 weeks is not medically necessary.

**PLASMA RICH PROTEIN INJECTIONS TO BILATERAL ACHILLES.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, achilles tendon rupture treatment.

**Decision rationale:** There was a lack of evidence and a lack of documentation regarding any prior treatment to the Achilles tendons. There are no guidelines in the California Guidelines or the ACOEM Guidelines that mention the plasma rich protein injections, although in the Official Disability Guidelines for Achilles tendon rupture treatment it does recommend conservative methods to be used before an operative intervention favoring eccentric loading while evaluation should be strongly considered in patients who will put less demand on the tendon. Again, there is no evidence or documentation of any previous conservative methods. The Guidelines also state that 6 months of nonsurgical therapy is appropriate for middle-aged patients with chronic Achilles tenosynovitis and those that fail that treatment will improve with a limited debridement of the diseased tissue. There is no mention of a plasma rich protein injection into the Achilles tendon, although there is a mention of it into the knee. Therefore, the request for the plasma rich protein injection bilateral to the Achilles is not medically necessary.