

Case Number:	CM13-0046673		
Date Assigned:	08/08/2014	Date of Injury:	05/14/1998
Decision Date:	09/15/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 and 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 56 -year-old female who reported an injury on 05/14/1998. The injured worker suffered a burn injury to the bilateral lower extremities while carrying a container of hot water. The current diagnoses include third degree burn of the right lower extremity and partially torn Achilles tendon. The latest physician progress reported submitted for this review is documented on 01/08/2014. Physical examination revealed a significant abrasion over the left ankle, severe tendinosis of the Achilles tendon, swelling of the left Achilles tendon, difficulty with ambulation and weight bearing, an antalgic gait and diminished range of motion. Treatment recommendations at that time included authorization for a repair of the Achilles tendon. There was no DWC Form RFA for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for six (6) weeks to Bilateral Lower Extremities:
Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. There was no physician progress report submitted on the requesting date. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the bilateral lower extremities that would warrant the need for skilled physical medicine treatment. As such, the request is not medically necessary.