

Case Number:	CM13-0048604		
Date Assigned:	12/27/2013	Date of Injury:	04/30/2010
Decision Date:	02/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 53-year-old female with date of injury on 04/30/2010. The progress report dated 09/12/2013 by [REDACTED] indicates that the patient's diagnoses include: Left foot posterior tibial tendonitis, bilateral pes planus, chronic pain syndrome, left lateral epicondylitis, lumbago. The patient is status post posterior tibial tendon repair on 06/03/2013. She has made some improvement with physical therapy, but she still has an antalgic gait and some tenderness over the posterior tibial tendon. Exam findings indicate the patient has discomfort over the posterior tibial tendon, slightly distal to medial malleolus and she has slightly flat foot. She is walking on the lateral aspect of the foot. She has an antalgic gait. A request was made for an additional 6 sessions of postoperative physical therapy for the left ankle. The physical therapy treatment note dated 09/20/2013 indicates that the patient has undergone 24 sessions of physical therapy. Exam finding showed that range of motion in the left ankle was within normal limits, without pain and plantar flexion was at 4/5, dorsiflexion 5/5, and eversion at 5/5, inversion at 4/5, and with no pain in isometric hold. The patient was able to do single leg stands and weight bearing with less pain. The patient still limps some, but was able to walk further. The patient had an increased pronation on standing and had increased range of motion and strength in the left foot with less nerve pain and sensitivity. Treatment goals were to increase full ankle strength, walk without a limp, return to prior level of function. The patient was advised to continue physical therapy for 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two (2) times as week for three (3) weeks for the left ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is status post left posterior tibial tendon repair on 06/03/2013. The patient made some improvement with physical therapy, the records indicate the patient has completed 24 post-op physical therapy sessions. Physical exam showed range of motion was within normal limits. Strength was 4/5 on plantar flexion, 5/5 on dorsiflexion, eversion 5/5, and inversion 4/5 and no pain in isometric hold. The patient was able to do single leg stands and weight bear with less pain. The request for additional 6 visits was made with the goal that the patient might be able to continue to improve walking without a limp, return to prior level of function. The post surgical treatment guidelines for posterior tibial tendonitis recommends post surgical treatment of 8 visits of physical therapy over 3 months post surgical physical medicine treatment period is 6 months. The guidelines further state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The treating physician does not address any reasons why the patient is unable to complete rehabilitation on an independent home exercise program. The patient appears to have full range of motion and good strength, but continued to walk with a slight limp. The progress report dated 11/21/2013 by [REDACTED] states that the patient completed physical therapy for her left ankle and continues to have pain, and therapy did not help and request was made for orthotics. The records appear to indicate that the patient had reached the plateau with physical therapy visits and did not continue to make progress. Therefore, recommendation is for denial.