

Case Number:	CM13-0053299		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2010
Decision Date:	03/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain Management 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:

This is a male patient with a date of injury of 10/11/10. A utilization review determination dated 11/12/13 recommends non-certification of PT 12 visits right foot as no objective physical problem was described. A progress report dated 11/21/13 identifies a history of right foot pain. He has finished PT and additional PT was denied. Previous PT notes are said to identify improved strength, but not yet normal. He walks with an unsteady gait and pain, but the pain is getting better slowly. He still complains of burning, tingling, and numbness. He has been working on his HEP, but doesn't feel like he is getting any stronger. He has pain on the inside of his foot and difficulty with balance. Objective examination findings identify morbid obesity with Achilles tendon tenderness, tenderness over the medial foot, positive Tinel's to percussion of the scar, tibialis anterior 4/5 strength, plantar flexors 4-/5, evertors of the foot 4/5, invertors of the foot 4-/5. Diagnoses include Achilles tendinitis/bursitis; tibialis tendinitis; neuralgia/neuritis unspecified; other disorder bone/cartilage; abnormality of gait; scar conditions and fibrosis skin; plantar fasciitis. Treatment plan recommends cortisone injection to the plantar fascia, HEP, ice, and PT. The provider notes that the patient is now 21 months s/p Achilles surgery with FHL transfer. His progress is slow, but he is still showing steady recovery. Given the extent of dissection and his size, prolonged recovery is not uncommon. The Graston appears to be helping significantly with scar management, although he still has signs of nerve compression within the scar. The posterior tibialis tendon dysfunction is playing a major role in his inability to improve his gait. He was making progress in therapy especially due to the scar mobilization that was occurring with the Graston technique and the fact that it is very difficult to isolate the posterior tibialis tendon and do a HEP without consistent evaluation by a physical therapy as the body will naturally try to "optimize" actions and eliminate stress on the posterior tibialis tendon because it is painful. His continued antalgic gait has caused some reactive plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy visits for the right foot: Upheld

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

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

Decision rationale: Regarding the request for 12 physical therapy visits for the right foot, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of ankle surgery 21 months prior to the most recent medical report. The CA MTUS supports postoperative PT for up to 6 months and 10 sessions of PT are supported for chronic injuries thereafter. The patient has apparently had extensive physical therapy. The provider notes that the patient is making slow and steady progress, but the medical reports do not clearly demonstrate progress over the past few months. On exam, there is morbid obesity with some tenderness and mild strength deficits. Given the lack of significant progress despite extensive physical therapy, there is no clear indication for continuation of this treatment. In light of the above issues, the currently requested 12 physical therapy visits for the right foot are not medically necessary.