

Case Number:	CM13-0067695		
Date Assigned:	01/03/2014	Date of Injury:	01/11/2001
Decision Date:	05/02/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 records indicate that the claimant is a 63-year-old female with a reported injury date of 1/11/01. The claimant reportedly had injured the left knee, right hip, and right calf and has been chronically performing home exercises. More recently, the claimant has reported left lower calf and heel pain and has suggested difficulty in performing home exercises due to pain with prolonged standing and walking. This is not further clarified in the records provided for review. A request for eight sessions of physical therapy has been made. The diagnosis for her left leg condition has been given as Achilles tendon strain with tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy For 8 Sessions Two Times Per Week For Four Weeks For The Left Leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chapter: Hip/Pelvis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: Based upon review of the medical records, the request for eight sessions of therapy may have been reasonable if the claimant had not just received sixteen recent physical therapy visits. By this point, the claimant should be well-versed in a home exercise program as recommended by the ACOEM Guidelines for this diagnosis. The records would not support an additional eight sessions of physical therapy for this diagnosis as there is no clear objective deficit by exam or clear functional loss nor is there appropriate documentation of the response to the most recent physical therapy. Accordingly, the requested eight additional sessions of therapy simply cannot be recommended as medically necessary based on the information reviewed.