MAXIMUS Federal Services

Case Number:	CM13-0069620		
Date Assigned:	02/04/2014	Date of Injury:	12/27/2012
Decision Date:	06/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/22/2013

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 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 patient is a 44 year old male who was injured on 12/27/2012. Mechanism of injury is unknown. The patient has a history of left Achilles tendon rupture. Prior treatment history states he has left Achilles tendon rupture and has undergone (according to UR) 48 prior physical therapy treatments. However, no documentation was provided to support 48 sessions of therapy or functional improvement. Diagnostic studies reviewed include MRI of left ankle dated 02/27/2013 with the following impression: there is focal Achilles tendon tear with cystic replacement 5.8 cm from the distal insertion; there is diffuse tendinopathy and grossly abnormal Achilles tendon; there is small joint effusion with some degenerative chondromalacia in the posterior portion of the tibiotalar joint; and there is soft tissue swelling over the dorsal aspect of the foot. The treating physician documents the patient improving with range of motion and decreased pain. Objective findings on exam include the tendon is intact. Good power plantar flexion. Patient fatigues easily. As of 4/17/13, the treating physician notes patient slowly improving and physical therapy helping; strength and endurance are improving; and good plantar flexion power. As of 5/01/13, the patient is improving with less pain. He fatigues easily. Objection findings on exam include tendon intact. Medical report dated 5/16/13, the patient continues to gradually improve; has good range of motion; and strength improving and endurance is improving. As of 6/5/13, the patient has no pain and is improving, still fatigues easily and strength is improving. Report dated 9/25/13, documents the patient to not have had physical therapy for a while; he is doing home exercises; his leg fatigues easily; feels about 70% within normal limits; objective findings on exam include Achilles intact; and good plantar flexion power. As of 11/6/13, the treating physician documents the patient improving after 2 physical therapy sessions; objective findings on exam include tendon intact; strength improving; and endurance improving. Report dated 12/4/13, the treating physician documents the patient in

"holding pattern with PT"; the heel is now painful with moderate activity radiating up to hamstring; and objective findings on exam include tight Achilles and tight plantar flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise and Physical Medicine Page(s): 47,98.

Decision rationale: The California MTUS guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The referenced MTUS guidelines state that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The medical records document treatment for the patient's left ankle injury has included at least 48 physical therapy sessions. The patient has already exceeded the number of therapy secessions that is recommended by the guidelines. The medical records do not provide details regarding the patient's response to rendered therapy. Given the copious amount of sessions provided, at this juncture, the patient should be extremely well-versed in an independently of clinical exercise program, which to utilize on a routine basis to maintain improvement levels. Additionally, the medical records do not establish significant functional deficits or presentation of a new injury as to warrant consideration for additional supervised therapy. Therefore, there request for physical therapy three times a week for four weeks is not medically necessary and appropriate.