

Case Number:	CM14-0009529		
Date Assigned:	02/14/2014	Date of Injury:	04/18/2013
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology 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 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 47-year-old female who has submitted a claim for Achilles tendinitis and bursitis associated with an industrial injury date of April 18, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent pain in the Achilles area with radiation up to the hip. Normal movements aggravated pain. Physical examination showed swelling and tenderness over the retrocalcaneal area. Full ROM of the left ankle resulted to pain upon dorsiflexion and plantar flexion. Treatment to date has included NSAIDs, topical analgesics, acupuncture, home exercise programs, physical therapy, and steroid injections. Utilization review from January 17, 2014 denied the request for continued physical therapy 1x6 due to lack of documentation regarding physical therapy results and because at 9 months post injury, the patient was expected to be performing home exercises independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 1X6 (LEFT ANKLE/FOOT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2., Page(s): 98-99.

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, patient completed at least 8 sessions of physical therapy. However, there were no reports of functional gains and objective evidence of improvement from physical therapy. Patient claimed in the recent progress notes that physical therapy did not help improve her symptoms. Justification as to why physical therapy would be preferred over a home exercise program was not given. The patient is likewise expected to be well-versed in a home exercise program at this time. Therefore, the request for continued physical therapy 1x6 (left ankle/foot) is not medically necessary.