

Case Number:	CM14-0128024		
Date Assigned:	08/15/2014	Date of Injury:	03/02/2014
Decision Date:	09/19/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male with a reported injury on 03/02/2014. The injury was due to a slip and fall, causing injury to the right ankle and left wrist. His diagnoses included partial Achilles and posterior tibial tendon tears. The previous treatment included medications, a CAM boot, and 12 therapy sessions. The injured worker had previous diagnostic studies of an MRI of the right ankle that did show tendon tears. The injured worker had an examination on 08/15/2014 with continued complaints of his right ankle. The injured worker was initially put in a boot for his right ankle, and he was feeling better, so he took the boot off, and was complaining of pain again. Upon examination it was noted that there was tenderness about the Achilles on there right side. Dorsiflexion of the ankle was to neutral, the plantar flexion and subtalar motion were full. There was no tenderness to the right ankle or foot. There was also no deformity of the right foot noted. The MRI that was reviewed of the right ankle showed tendinitis and partial interstitial tearing of the Achilles. The injured worker had the use of topical anti-inflammatory medication, as well as oral anti-inflammatory medication and pain medication. The recommended plan of treatment was for him to go back to using his boot for his right ankle and further physical therapy. The Request for Authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional physical therapy, right ankle: 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) Physical therapy.

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

Decision rationale: The request for 8 Additional physical therapy, right ankle is not medically necessary. The California MTUS Guidelines recommend active therapy to be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, and to alleviate discomfort. There was a lack of documentation on evidence of an examination of flexibility, strength, endurance, and function on his right ankle. The range of motion of his right ankle was not evaluated. The efficacy of his pain medications was not provided. There was not a VAS scale provided for his pain assessment. California MTUS Guidelines also recommend to include home exercise programs as an extension of the treatment process in order to maintain improvement levels. There was no evidence that the injured worker was doing, or instructed to do a home exercise program. Furthermore, the request is for 8 additional physical therapy. The injured worker has already had 12 previous sessions without documentation and evidence of functional improvement. Guidelines recommend up to 10 visits. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for 8 Additional physical therapy, right ankle is not medically necessary.