

<b>Case Number:</b>	CM14-0168974		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal Medicine 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 an injured worker with a history of Achilles tendon injury. Date of injury was 04-13-2013. The patient sustained a traumatic laceration of right Achilles tendon on 04/13/13, and had operative repair. Agreed medical evaluation (AME) report dated 05/20/14 noted that range of motion in dorsiflexion and plantarflexion was decreased. Regarding the mechanism of injury, the patient was carrying trash bags in each hand and a trash bag hit a wall and bounced back, hitting the back of his right ankle. There was broken glass in the trash bag. The patient had sustained a laceration of his right Achilles tendon. He was referred to an orthopedic surgeon, who would perform a repair of the right lacerated Achilles tendon and debridement of the traumatic laceration. He was placed on temporary total disability for a period of time until he could weight-bear. He was placed on sedentary work on July 18, 2013. The diagnosis was traumatic lacerated Achilles tendon and repair. Physical therapy was performed. He was permanent and stationary on October 23, 2013. The patient was seen by a chiropractor. The patient saw the doctor for approximately one month and had some physical therapy and chiropractic treatment. The patient was referred to a pain management specialist on February 3, 2014. Repair of right lacerated Achilles tendon was performed on August 14, 2013. Subjective complaint was ankle pain. Current medications included Ibuprofen. Physical examination was documented. Visual inspection reveals swelling over the Achilles tendon, where there has been a repair. There is a traumatic laceration, which measures 6 cm. There are dysesthesia below the traumatic laceration, consistent with sural nerve injury. Upon gait inspection, the patient demonstrates a very antalgic gait, favoring the right lower extremity. He utilizes a cane. X-rays of the right ankle reveal normal overall bony alignment, no fracture or dislocation. Joint spaces are well maintained. Diffuse osteopenia noted periarticular. Magnetic resonance imaging MRI of the right ankle dated April 15, 2014 showed moderate diffuse thickening of the Achilles tendon

with over length of 6 cm. Diagnosis was traumatic laceration of right ankle, status post repair Achilles tendon. Physical therapy notes were dated August 5, 2013, August 13, 2013, August 15, 2013, October 30, 2013, November 1, 2013, November 4, 2013, November 6, 2013, November 13, 2013, and November 18, 2013. Progress report dated 08/27/14 documented subjective complaints of right Achilles tendon weakness and hypersensitivity. Objective findings included incision scar, sensitivity to touch, tendon intact, dorsiflexion 20 degrees, and plantarflexion 30 degrees. Primary treating physician's progress report dated 10/23/13 documented that the patient was authorized to an additional eight session of physical therapy. Operative report documented right Achilles tendon laceration repair surgery on 4/13/13. Utilization review determination date was 9/29/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy to treat the right foot 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3, Postsurgical Treatment Guidelines Page(s): 12-13, 13.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Post surgical Treatment Guidelines state that for Achilles tendon rupture, 48 visits over 16 weeks of postsurgical physical therapy are recommended. The postsurgical physical medicine treatment period for Achilles tendon rupture is 6 months. Medical records indicate that Achilles tendon laceration repair surgery was performed on 04-13-2013. Physical therapy (PT) was performed post-operatively. PT progress notes documented post-operative PT treatments through November 2013. The total number of PT visits was not documented. Per MTUS, 16 weeks of physical therapy are recommended. The postsurgical physical medicine treatment period for Achilles tendon rupture is 6 months. The patient is over 16 months post-operative. The request for additional 12 physical therapy visits would exceed MTUS guideline recommendations. No progress reports documenting functional improvement from past physical therapy were submitted for review. The request for additional physical therapy visits is not supported by available medical records. Therefore, the request for Physical Therapy to treat the right foot 2x6 is not medically necessary.