

Case Number:	CM14-0169550		
Date Assigned:	10/17/2014	Date of Injury:	08/21/2007
Decision Date:	11/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in New Jersey and New York. 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 patient is a 57 year-old male who was injured on 8/21/07. He tripped and fell when moving a 500-600 pound wheelbarrow. He complained of lower back pain radiating to right groin. He turned his right ankle inward causing pain. He complained of bilateral foot pain. He had an MRI of lumbar spine showing 4-5 disc bulges. In 10/08, he was diagnosed with right foot plantar fasciitis and tarsal tunnel syndrome. X-rays, othoses, and injections were recommended. He was diagnosed with right insertional Achilles tendonitis. His treatment involved physical therapy. He had an epidural steroid injection of his lower back with some improvement for 2 weeks and a second injection with no improvement. He had lumbar decompression surgery in 4/2008. In 12/2009, he had right foot surgery. On a recent exam, he had decreased range of motion and decreased strength of his right ankle. His medications to treat his back, lower extremity, and foot pain included anti-inflammatories, muscle relaxants, and opioids. As of 10/7/14, he had completed six physical therapy sessions with some improvement. He continued with right more than left foot pain, separate from the Achilles. The current request is for six additional physical therapy sessions for his right Achilles tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 weeks, right Achilles tendinitis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Ankle and Foot, Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, physical therapy

Decision rationale: The request for 6 additional physical therapy visits (2x3weeks) for Achilles tendonitis is not medically necessary as stated. The patient has already received six physical therapy sessions with improvement. According to ODG, Achilles tendonitis should be treated with 9 visits over 5 weeks. The request for six additional visits would put the total number of sessions ordered as 12 which is over the recommended number of visits according to guidelines. Therefore the request is considered not medically necessary as stated.