

Case Number:	CM14-0020727		
Date Assigned:	04/30/2014	Date of Injury:	10/29/2013
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Podiatric surgery and is licensed to practice in 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:

According to the enclosed information, this worker was injured on 10/29/2013. During a visit on 4/30/2014 the patient states that while he was stepping over some railroad tracks his foot slipped, and he injured his right leg, right ankle, and right foot. He relates a sudden sharp pain, strong electric shock, in the back of his heel radiating to his calf. He states that it feels like he got hit with a baseball there. As of this day the patient states that the pain is moderate, but consistent. It is made worse by standing and walking. Pain level is at 7/10. Physical exam reveals bruising and swelling has resolved. Patient is unable to plantar flex foot, and deformity of plantaris tendon and Achilles tendon is noted. Achilles tendon is noted to be acutely tender to palpation. Foot and ankle range of motion is acutely limited. MRI results reveal full thickness tear of the Achilles tendon with retraction. Tear of plantaris tendon and gastrocnemius muscle noted. Diagnoses include leg sprain, lower with probable tear of plantaris tendon, ankle sprain right side with rupture of Achilles tendon. Apparently patient's condition is improving with medications, splint, and home exercise program. A progress note dated 3/31/2014 advises same as above however physical therapy was recommended. This was recommended because patient was healing slower than expected. Between 2/18, and 3/3/2014 patient was seen by physical therapy six times. On 1/6/2014 patients podiatrist wrote a physical therapy prescription for right ankle three times per week for four weeks. Incidentally, during an 11/6/2013 visit with his podiatrist, the podiatrist advised that he does not claim with the complete tear MRI evaluation and believes that the patient suffers with an intact longitudinal tear of the Achilles tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT ANKLE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for physical therapy 3 times a week for 4 weeks for the right ankle is not medically reasonable or necessary at this time. ACOEM guidelines state that "a primary home based rehabilitation program is recommended for treatment of Achilles tendon rupture." This patient has already had six visits of physical therapy and does indeed have a diagnosis of Achilles tendon rupture. (Longitudinal tear according to patients podiatrist) ODG guidelines on Achilles tendinitis state that: Achilles tendonitis requires initial therapy of an Achilles stretching program. The latter can be implemented by a single visit to a physical therapist or may be taught by the physician. Additionally, a heel lift in the shoe may be of value. Short-term immobilization and even non weight-bearing are also commonly needed. Because there is an association with late rupture of the tendon, most physicians suggest it is inappropriate to inject steroids into the bursa or the tendon sheath. In this particular case six visits of physical therapy has already been authorized, therefore 12 more visits does not appear to be necessary, as the exercises can be most probably performed at home.