

Case Number:	CM14-0023452		
Date Assigned:	06/11/2014	Date of Injury:	07/01/2004
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 48-year-old male who sustained an L foot fracture as result of jumping down from a trailer on 7/1/2004. He underwent a left foot reconstruction for a posterior tibial tendon problem. Additionally, he has history of several right foot surgeries between 2006 and 2009. According to the PR-2 dated 1/32014, the patient complains of pain along the posterior tibial and Achilles tendon on the left. He also noted swelling on the right and pain around the right anterolateral ankle. He is able to increase his walking and stand with less discomfort. On exam, the patient has swelling and tenderness along the posterior tibial tendon and along the insertion of the left Achilles tendon and some tenderness over the right posterior calcaneus. In dispute is a decision for 15 physical therapy visits for the left ankle with pre and post physical therapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 PHYSICAL THERAPY VISITS FOR THE LEFT ANKLE WITH EVALUATION AND RE-EVALUATION: Overturned

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

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

Decision rationale: In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Basing my decision solely on the medical documentation provided the patient reports improvement in pain reduction while standing and improve the distance walked as result of physical therapy. Although the original Utilization Review documents that patient having previously completed a 15-visit course of physical therapy, no documentation of such treatment completion accompanied this request. Due to the documentation of functional improvement, the request is medically necessary.