

Case Number:	CM14-0027876		
Date Assigned:	06/16/2014	Date of Injury:	07/20/2002
Decision Date:	08/11/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 injured worker is a 58-year-old male who reported an injury on 07/03/2013 due to slipping off of a lift. The injured worker had a history of right ankle pain with a diagnosis of right Achilles tear. The diagnoses included insertional Achilles tendinosis and retrocalcaneal bursitis. The injured worker had a status post debridement and repair of Achilles tendon on 06/19/2014. No reported diagnostics. The past treatments included physical therapy with unknown visits, CAM walker boot, single point cane, and medication. The objective findings of the postoperative clinical note dated 07/02/2014 revealed to the right ankle intact suture lines, mild serous drainage, mild to moderate swelling, and no neurological deficits. The clinical note dated 07/02/2014 revealed radiographs of the injured worker's right ankle demonstrated satisfactory resection of the posterior superior tuberosity of the calcaneus. The medications included Altram 50 mg. No VAS (visual analog scale) scale was given. The treatment plan included splint, non-weightbearing on crutches, and medication. The request for authorization dated 06/16/2014 was submitted within the documentation. No rationale for the physical therapy was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 2 times a week for 6 weeks, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-13.

Decision rationale: The California MTUS Guidelines indicate that the initial course of physical therapy meet one half of the number specified in the general course of therapy for a specific surgery in the Post-Surgical Treatment recommendations. The Guidelines also indicate that the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending with the time specified for a specific surgery in the postsurgical physical medicine treatment recommendations. If postsurgical physical medicine is medically necessary an initial course of therapy may be prescribed, and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable for the specific surgery. The injured worker should be advised to do early passive range of motion exercises at home by a therapist. The recommended postsurgical treatment is 24 visits over 16 weeks with a treatment period of 6 months. The documentation provided on 07/02/2014 was not evident that the injured worker required additional physical therapy. The clinical notes also were not evident of a physical assessment of the right ankle having been performed. Per the clinical notes dated 03/28/2014 the injured worker was in physical therapy 2-3 times a week. It was not evident that the injured worker was having any functional deficits and/or determination that the medication being prescribed was ineffective. The request did not indicate what the physical therapy was needed for/or location. As such, the request for physical therapy is non-certified.