

Case Number:	CM14-0035248		
Date Assigned:	06/23/2014	Date of Injury:	07/24/2010
Decision Date:	09/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 7/24/10. A utilization review dated 3/8/14 recommended not medically necessary of the request for 8 sessions of Physical Therapy. The reason given was lack of documentation of symptomatic or functional improvement with previous sessions. A progress report dated 4/7/14 identifies subjective complaints of continued right foot and ankle pain, patient complains of erythema, edema, hypersensitivity, and intermittent episodes where the foot and ankle become hot and perspire. Objective findings indicated erythema, temperature change, and diaphoresis of the foot and ankle as well as hypersensitivity to touch and decreased range of motion. Diagnosis was right ankle pain and the treatment recommendations were to continue Gralise, Motrin and Prilosec and work on authorization for additional physical therapy visits and massage therapy. Patient underwent debridement of the Achilles tendon with excision of posterior calcaneal spur and reattachment of Achilles on 12/6/13 and 7 physical therapy visits were authorized on 1/17/14. A periodic review dated 3/10/14 states patient returns today after completing physical therapy, she continues to have pain and swelling to the heel.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 1x8 1 time a week for 8 weeks to the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional Physical Therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.