

<b>Case Number:</b>	CM14-0037796		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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:

On 2/20/2014 this patient was seen by her physician for postoperative evaluation of left foot and ankle reconstruction. It is noted that the patient is 26 weeks post surgical intervention. It is noted that patient is taking oral pain medication, and has just received a compression stocking which is helping with her swelling. Pain level in left foot is still reported at 5/10. She has been wearing the lace up ankle brace. The patient still notes some weakness to the left foot and ankle. A primary course of physical therapy has been completed according to patient. Physical exam reveals no signs of postoperative infection or wound dehiscence. Neurologic sensation and motor status intact. Decrease pain upon palpation to the surgical sites. Range of motion to surgical site is improved since last visit. Patient is still slightly unbalanced with edema noted posterior left heel and Achilles tendon. Diagnosis this day includes 26 weeks status post repair of insertional Achilles tendinitis, resection of posterior calcaneal heel spur, peroneal tendon repair with tenodesis and application of graft. The patient was advised to continue home stretching and strengthening exercises, and a prescription was given for additional physical therapy. She was also given a prescription for more narcotic pain medication and a pain cream for her left ankle. She is still out of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy sessions (18):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Foot and Ankle Chapter, Physical Therapy Guidelines.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS and ODG guidelines for this case, it is my opinion that additional physical therapy sessions/18 is medically reasonable and necessary at this time. The chronic pain medical treatment guidelines as well as the ODG guidelines do recommend physical medicine and physical therapy for pain and post operative recovery. The guidelines allow for fading of treatment over time. Generally 10 visits are allowed for most ailments, with 24 visits allow for reflex sympathetic dystrophy. The ODG guidelines specifically state that post surgical physical therapy treatment for Achilles tendon rupture (which is the closest type of surgery to what this patient actually had) allows for 48 visits over 16 weeks. This patient has not exceeded 48 visits of physical therapy. The chart notes relate that patient has continued pain and swelling to the surgical site and although she is wearing a compression sock, she would still do well with more physical therapy to continue her healing process.