

Case Number:	CM14-0037832		
Date Assigned:	07/02/2014	Date of Injury:	04/20/2012
Decision Date:	10/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	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 Emergency Medicine, and is licensed to practice in Texas. 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 55 year old female with a reported date of injury on 04/20/2012. The mechanism of injury occurred due to fall. The diagnoses included left posterior tibial tendon repair. The past treatments included 24 physical therapy sessions and surgery. There was no diagnostic imaging provided for review. The surgical history included left ankle tibial tendon repair on 09/26/2013. The subjective complaints on 02/24/2014 included hip and low back pain. The physical examination of the left lower extremity noted healed incisions along with improved strength and heel raising. The medications were not provided for review. The treatment plan was to continue physical therapy. A request was received for Physical therapy two times per week for six weeks to the left ankle. The rationale was to increase strength. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times per week for six weeks to left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Ankle & Foot Procedure Summary last updated 02/20/2014

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

Decision rationale: The request for Physical therapy two times per week for six weeks to the left ankle is not medically necessary. The California MTUS guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. The injured worker is status post a left ankle tibial tendon repair on 09/26/2013. The notes indicate that the injured worker has already completed 24 sessions of physical therapy for the left ankle. The request for 12 additional sessions would further exceed the guideline recommendations. Furthermore, there was no documentation submitted of objective functional improvement from the previous physical therapy sessions. In the absence of documented objective improvement, and exceptional factors to warrant additional visits beyond the guideline recommendations, the request is not supported. As such, the request is not medically necessary.