

Case Number:	CM14-0059533		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2012
Decision Date:	09/16/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/30/2014

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 patient is a 29-year-old female with an injury date of 06/29/2012. Based on the 03/27/2014 progress report, the patient underwent an Achilles tendon repair in November and has been doing well. She has weakness and pain over her right calf muscle which increases with standing, walking, and using the stairs. She currently uses a cane for ambulation. She has been occasionally using Norco however, this has become more frequent. Her range of motion of the right ankle is limited, her gait is antalgic, and there is diffuse tenderness over the right calf with a well-healed incision over the right Achilles tendon. The patient's diagnosis includes status post Achilles tendon repair, November 2013. The utilization review determination being challenged is dated 03/27/2014. Treatment reports were provided from 10/10/2013 - 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ogd Guidelines: Foot & Ankle:Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. See also specific physical therapy modalities by name. (Colorado, 2001) (Aldridge, 2004)ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PTAnkle Sprain:Medical treatment: 9 visits over 8 weeksPost-surgical treatment: 34 visits over 16 weeksAchilles bursitis or tendinitis:Medical treatment: 9 visits over 5 weeksHallux Valgus:9 visits over 8 weeksPlantar Fasciitis:6 visits over 4 weeksMetatarsal stress fracture:Medical treatment: 12 visits over 12 weeksPost-surgical treatment: 21 visits over 16 weeks.

Decision rationale: Based on the 03/06/2014 progress report, the patient has weakness and pain over her right calf muscle. The request is for physical therapy 2 times a week. The number of total sessions requested is not provided. On 11/13/2013, the patient had an open debridement and repair of the right Achilles tendon. Reviewing the reports indicates that the patient has had 12 sessions of therapy since then. Therapy was very helpful in this particular position. I am requesting a final 8 sessions for her which will take care into 1 more month. ODG Guidelines allow 9 visits over 5 weeks for Achilles tendinitis. The patient has already had 12 sessions of therapy which exceeds what ODG Guidelines allow therefore, this request is not medically necessary.