

Case Number:	CM14-0069047		
Date Assigned:	08/01/2014	Date of Injury:	11/15/2013
Decision Date:	09/12/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 has a subspecialty in Interventional Spine 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 24-year-old male with a date of injury of 11/15/2013. The listed diagnoses per [REDACTED] are: 1. Right ankle pain with suspected Achilles. 2. Peroneal tendonitis. According to progress report 11/11/2013, the patient presents with complaints of right posterior ankle pain. The patient is having difficulty with daily physical activity and attending daily physical therapy, provides no sign of improvement. Physical examination revealed tenderness to palpation over the right Achilles tendon, although it is palpable and intact. Report 02/13/2014 revealed the patient continues with right foot and right Achilles pain. Examination revealed significant pes planus deformity with a slight hinge foot valgus. These are the only 2 progress reports provided in the medical file. The request is for "retrospective physical therapy #20." Utilization review modified the certification from the requested 20 to 2 sessions on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Physical therapy, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This patient presents with complaints of right posterior ankle pain. This is a retrospective request for physical therapy, 20 sessions. The date of service is not noted. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms, 9 to 10 visits over 8 weeks. The medical file provided for review does not indicate when these sessions were received. Furthermore, the treater's request for 20 sessions exceeds what is recommended by MTUS therefore Retro physical therapy #20 is not medically necessary.