

Case Number:	CM14-0089468		
Date Assigned:	07/23/2014	Date of Injury:	12/28/2012
Decision Date:	10/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 injured worker is a 54-year-old female, who reported injury on 12/28/2012. The mechanism of injury was not provided. The prior therapies included 14 sessions of physical therapy, laser surgery on the right great toe, and on 04/18/2014 a platelet rich plasma injection into the Achilles tendon. The diagnostic studies included x-rays. The documentation of 03/27/2014 revealed the injured worker was reassessed and had no problem with sitting; remained having moderate problem with walking long distances without symptoms, a moderate problem with stair climbing, mild pain with movement, no impairment on passive range of motion, no impairment of dorsiflexion, a mild accessory motion deficit, mild weakness of 4/5 strength in the knee extension and quadriceps, hamstring and gastrocnemius; and, remained having severe weakness with the heel raise. The assessment indicated the injured worker was now able to walk more comfortably, up to an hour with pain, and the pain had been reduced to 1/10 to 2/10 at rest. The documentation indicated the injured worker would benefit from additional guided strength and manual therapy to address residual pain. The documentation of 04/28/2014 revealed that there was a treatment request for physical therapy for 2 times a week x4 weeks and a TENS unit. The injured worker complained of stiffness in the posterior aspect of the left ankle after receiving the injection 10 days prior. There was soft tissue swelling over the lateral ankle. The left ankle had decreased range of motion. The injured worker had decreased tenderness since undergoing surgical treatment with platelet rich plasma. The documentation dated 05/12/2014 revealed the injured worker had not been provided with physical therapy post platelet rich plasma injection. The injured worker had swelling over the posterior aspect of the ankle and this caused pain with prolonged weightbearing activities. The injured worker had decreased range of motion and had tenderness to palpation over the distal Achilles tendon. The physician further documented the injured worker was to work on a strengthening program. The treatment plan, again, included

physical therapy 2 times a week x4 weeks. Medications included losartan, levothyroxine, Celebrex 200 mg, Prempro, multivitamins, and vitamin D. Diagnoses included Achilles bursitis or tendinitis and pain in joint ankle and foot. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 Times a Week for 4 Weeks for Left foot: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommends physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had undergone 14 sessions of therapy. There was a lack of documentation of significant objective deficits remaining to support the necessity for ongoing therapy. Given the above, the request for Additional Physical Therapy 2 Times a Week for 4 Weeks for Left foot is not medically necessary.