

Case Number:	CM14-0033151		
Date Assigned:	06/20/2014	Date of Injury:	09/18/2013
Decision Date:	04/22/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Podiatrist

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 40 year old female, who sustained an industrial injury on September 18, 2013. She reported falling after walking into a hole in the ground. The injured worker was diagnosed as having left shoulder rule out impingement, cervical spine sprain/strain, left ankle tenosynovitis, and left calcaneal spur. Treatment to date has included medications, magnetic resonance imaging, modified work, ice, physical therapy, and a cane. On September 18, 2013, an x-ray of the left ankle showed small calcification distal to fibula, and x-ray of the foot showed small posterior calcaneal spur. On February 21, 2014, she complained of left ankle pain with numbness and cramping, and left shoulder pain, and neck pain with radiation into the arms. She reports medications help with the pain. The request is for 9 visits of post-operative physical therapy for the left ankle/foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatments once a week for eight weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, ankle and foot section, pages 34-35.

Decision rationale: It is well documented in the progress notes that this patient is suffering with painful left ankle tenosynovitis, posterior tibial tendinitis, as well as painful posterior calcaneal spur. All diagnoses are confirmed on MRI. After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the request for physical therapy treatments, once a week for eight weeks, is medically reasonable and necessary for this patient. There seems to be two requests noted in the progress notes. The first request is for postoperative physical therapy, and the second is for medical treatment for painful ankle and tenosynovitis. As I read through the case it appears evident that the request I am asked to speak about is for physical therapy/medical treatment of painful ankle and tenosynovitis. ODG guidelines page 34-35 advise that physical therapy is recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. It also notes that physical therapy is an acceptable form of rehabilitation in both surgical and nonsurgical patients with Achilles tendon ruptures. For ankle/foot sprains, medical treatment includes nine visits of physical therapy over eight weeks. For the reasons mentioned above I feel that the physical therapy in question is medically necessary.