

Case Number:	CM15-0137076		
Date Assigned:	07/27/2015	Date of Injury:	01/29/2015
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 39 year old female, who sustained an industrial injury on 1/29/15. Initial complaint was of her right lower extremity pain. The injured worker was diagnosed as having right calf/ankle contusion; right Achille's tendon tear. Treatment to date has included status post right Achille's tendon repair (3/3/15); physical therapy; medications. Diagnostics studies included ultrasound/venous Doppler right lower extremity (2/5/15); MRI right ankle. Currently, the PR-2 notes dated 6/23/15 is hand written. The notes indicated the injured worker was in the office as a follow-up of her status post right Achille's tendon repair on 3/3/15. She complains of persistent stiffness, occasional burning pain. He notes a physical examination of the right ankle was completed and he has recommended physical therapy. The provider is requesting authorization of physical therapy for the right foot 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy physical therapy two times per week from six weeks to the right foot is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis are right Achilles tendon tear. Date of injury is January 29, 2015. The request for authorization is June 23, 2015. According to a progress note dated June 23, 2015, the worker had Achilles tendon repair March 3, 2015. A peer review report dated April 2, 2015 showed home health physical therapy was modified outpatient physical therapy times nine sessions. The documentation does not show the total number of physical therapy sessions received postsurgical repair. The physician's progress note shows the injured worker is engaged in a home exercise program. The progress note is a hand written largely illegible 3-line progress note. There is persistent stiffness. The remainder of the subjective complaint was illegible. Objectively, documentation is illegible. Treatment plan consists of a home exercise program and additional physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent clinical documentation with the total number of physical therapy sessions received, documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy (over the initial modification nine sessions), physical therapy physical therapy two times per week from six weeks to the right foot is not medically necessary.