

<b>Case Number:</b>	CM15-0185424		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male who sustained an industrial injury on 06-20-2014. Records indicate that the injured worker was being treated for left Achilles tendinitis, left plantaris tendon tear with history of hematoma, right shoulder pain with impingement and low back pain with underlying degenerative changes. According to a progress report dated 08-19- 2015, the injured worker presented for evaluation of the left foot. He continued to be in constant pain and continued to have limited range of motion. Swelling was present in the left ankle and calf. Electromyography had been approved. Past medical history was significant for blood clots, hypertension and stomach ulcers. He had problems with sleep. Pain was present with dangling of the leg from the examination table. Tenderness was present at the anterior tibial crease without specific localization and the left posterior calf. Swelling was present in the calf and anterior tibialis with 1 plus pitting edema in the lower extremities bilaterally. Tenderness and swelling was present in the left ankle in general. Range of motion was limited due to pain and swelling in the left lower leg and ankle. Decreased sensation was noted in the left lateral thigh and left lateral calf. Impression included plantaris tendon rupture, blood clot in left lower leg, ankle synovitis, ankle tendinitis and Achilles sprain. The treatment plan included walker boot for the left ankle, ultrasound for the left leg, follow up with primary care physician, supervised physical therapy for the left ankle 2 times per week for 6 weeks, Norco, Voltaren and Aspirin. According to a report dated 05-14-2015, the qualified medical examiner stated that medical records indicated that the injured worker had physical therapy for back and leg pain. "However, he never had physical therapies (patient testified on 05-08-2015)". The provider noted that in review of voluminous medical records, there was no record for physical therapy treatment. On 09-09-2015, Utilization Review non-certified the request for physical therapy 1 time per week for 12 weeks for the left ankle and calf.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 1 time per week for 12 weeks for the left ankle and calf:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.