

Case Number:	CM15-0196282		
Date Assigned:	10/09/2015	Date of Injury:	06/20/2013
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii

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:

This is a 50-year-old male with a date of industrial injury 6-20-2013. The medical records indicated the injured worker (IW) was treated for status post left Achilles tendon reconstruction; left ankle instability; pain, Achilles tendonitis. In the progress notes (9-16-15), the IW reported swelling, stiffness, soreness and the sensation of the left leg falling asleep. On examination (9-16-15 notes), he was ambulating with a slight limp. The incision over the left Achilles was healed and the tendon was intact. He had symmetric tension of the muscular tendinous unit in the prone position. Thompson's test was negative. He had difficulty with a single heel rise, which improved from his 7-22-15 exam in which he was unable to complete the single heel rise. Plantar strength against manual resistance was 4 out of 5. No instability was appreciated. Treatments included Achilles tendon reconstruction and physical therapy (at least 19 sessions). The IW was temporarily totally disabled. Further physical therapy was recommended by the provider to address calf strength. A Request for Authorization dated 9-16-15 was received for post-operative physical therapy for the left ankle, twice weekly for six weeks. The Utilization Review on 9-30-15 modified the request for post-operative physical therapy for the left ankle, twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PO PT 2 times 6 for left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The patient presents with pain affecting the left ankle. The current request is for PO PT 2 times 6 for left ankle. The treating physician report dated 8/24/15 (236B) states, "On March 17, 2015, (the patient) underwent surgery on his foot and ankle, currently, he performing physical therapy". The report goes on to state, "He was found to have a torn Achilles tendon and surgery was performed on May 20, 2014." MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 48 sessions for a torn Achilles tendon. The MTUS-PST guidelines provide a total of 48 sessions and then the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 24 sessions of postoperative physical therapy for the left ankle. The patient is status post Achilles tendon reconstruction on 3/17/15. In this case, the patient has received at least 24 visits of postoperative physical therapy to date and the current request of 12 visits is within the recommendation of 48 visits as outlined by the MTUS guidelines on page 99. The current request satisfies the MTUS-PSTG guidelines as outlined on page 12. The current request is medically necessary.