

Case Number:	CM15-0196759		
Date Assigned:	10/13/2015	Date of Injury:	06/08/2015
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
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

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 female who sustained an industrial injury on 06-08-2015. A review of the medical records indicated that the injured worker is undergoing treatment for patellar tendinitis, medial gastrocnemius tear and plantar fasciitis right foot. According to the treating physician's progress report on 09-08-2015, the injured worker continues to experience right calf and ankle pain with swelling, stiffness and limited range of motion with difficulty ambulating in a normal fashion. Examination demonstrated tenderness to palpation deep in the gastrocnemius muscle belly across the medial side with full knee extension but painful. With the knee fully extended the ankle dorsiflexion is limited to neutral. Leg flexion was noted at 35 degrees without obvious soft tissue swelling in the right leg. Left ankle extension was 20 degrees with the knee fully extended and plantar flexion at 45 degrees. Plantar flexion strength was 4 out of 5 and extension strength was 3 out of 5 on the right. There was mild tenderness at the plantar fascial insertion site on the right. The right knee had mild tenderness over the patellar tendon. No effusion was noted with normal motion and strength. Sensory and pulses were intact. As of 08-24-2015 the physical therapy record noted 16 out of 16 sessions were completed with pain level rated at 5 out of 10 on the pain scale. Medications reported on this visit were noted as Hydrocodone and Naproxen. Prior treatments have included diagnostic testing, physical therapy, ambulatory devices, compression stockings, neoprene calf wrap, home exercise program and medications. Current medication was listed as Motrin twice a day according to the 09-08-2015 progress report. The injured worker is on temporary total disability (TTD). Treatment plan consists of a Dynasplint to increase ankle extension, continuing home exercise program and the

current request for additional physical therapy for the right calf, Qty: 8 sessions. On 09-22-2015 the Utilization Review modified the request for additional physical therapy for the right calf, Qty: 8 sessions to additional physical therapy for the right calf, Qty: 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right calf, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Work conditioning, work hardening.

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

Decision rationale: The patient presents with pain in the right calf. The request is for additional physical therapy for the right calf, quantity: 8 sessions. Physical examination to the right calf on 09/08/15 revealed tenderness to palpation over the gastrocnemius muscle belly particularly across the medial side. Patient used a single point cane for ambulation. Per 06/29/15 progress report, patient's diagnosis include right lower extremity gastrocnemius tear, right lower extremity hematoma, right leg strain, and right ankle sprain. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In progress report dated 09/08/15, the treater is recommending further physical therapy for the right leg to try to regain normal motion in the right ankle and allow her regain a normal gait pattern, and to allow her right knee and right foot to settle down. Review of the medical records provided indicates that the patient has completed 16 physical therapy sessions. The treater however, has not documented a reduction in pain and functional improvement from previous therapy. Furthermore, the treater has not discussed why the patient cannot transition into a home based exercise program. Additionally, the guidelines allow up to 10 sessions of therapy and the requested 8 sessions, in addition to prior sessions, exceeds guideline recommendations. Therefore, the request is not medically necessary.