

Case Number:	CM15-0027163		
Date Assigned:	02/19/2015	Date of Injury:	04/08/2013
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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 49 year old female who sustained a work related injury April 8, 2013. According to a physical therapy progress note, dated July 14, 2014, the injured worker has been seen thus far for 3 treatments for chronic Achilles tendonitis. Prior to this recent episode, she was seen for additional treatment in January and February for the same injury. According to a treating physician's progress report dated November 3, 2014, the injured worker presented for a follow-up visit feeling fatigued and depressed. Physical examination reveals right foot; tenderness over bones and joints with edema, tenderness on the bones of the foot, medial and lateral calcaneal tenderness flexing ankle 40 degrees and extension 15 degrees with pain. She wears a Cambot and is limping (right lower extremity). Diagnoses included foot sprain/strain and Achilles tendinitis or bursitis. Treatment included request for custom orthotics. According to utilization review dated January 23, 2015, the request for Right Ankle Physical Therapy 2-3 times a week for 4 weeks is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 4 for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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 Ankle & Foot (Acute & Chronic) Chapter under Physical therapy (PT).

Decision rationale: The patient presents with right ankle pain. The request is for THERAPY 2-3 X 4 FOR THE RIGHT ANKLE. Physical examination on 11/03/14 to the right foot revealed tenderness to medial and lateral calcaneal and over bones and joints. The foot was edematous. Patient utilizes a Camboot for walking and her gait was limping with height offset left/short right/tall due to boot, she rocked side to side with walking. Patient's treatments have included orthotic shoes and physical therapy. Per 08/12/14 progress report, patient's MRI findings showed slight improvement in distal achilles tendon. Per 09/29/14 progress report, patient's diagnosis includes foot strain/sprain and achilles tendinitis or bursitis. Patient's medications include Ibuprofen, Voltaren Gel, Amitriptyline and Gralise, per 09/29/14 progress report. Patient's work status is modified duties. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter under Physical therapy (PT) states: ODG Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Tarsal tunnel syndrome (ICD9 355.5) Medical treatment: 10 visits over 5 weeks-Post-surgical treatment: 10 visits over 5 weeks MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Patient complains of right foot and ankle pain. The request is for physical therapy, 2-3 x 4 for the right foot. Patient's diagnosis includes foot strain/sprain and achilles tendinitis or bursitis. Given the patient's condition, a short course of physical therapy would be indicated by guidelines. However, based on the physical therapy progress notes dated 07/11/14, patient participated in 11 physical therapy sessions in January and February of 2014 with modest improvement. Additionally, per 07/15/14 physical therapy progress note, patient was seen for three physical therapy treatments. That is a total of 14 physical therapy treatments which exceed guidelines requirements for the patient's condition. Therefore, the request IS NOT medically necessary.