

Case Number:	CM15-0034102		
Date Assigned:	03/02/2015	Date of Injury:	05/03/2011
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/24/2015

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: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on 5/3/2011. The current diagnoses are status post contusion, right heel, at calcaneal insertion of Achilles tendon, status post-surgical repair, severe chronic tendinosis/partial tear, right Achilles tendon, large traction spur which is fragmented with further intersubstance calcification of the Achilles tendon, interstitial tearing/chronic tendinosis, right Achilles tendon, status post-surgical repair via tenectomy, and acute Achilles tendon pain flare, right foot. Currently, the injured worker complains of increased pain to right Achilles tendon. Her current pain is 2/10 at rest and 6/10 with attempted repetitive, prolonged weight bearing activities. The physical examination reveals moderate tenderness to the insertion of the Achilles tendon with mild thickening. Dorsiflexion continues to be limited to 0/10 degrees, but with less tenderness when performing this maneuver. Treatment to date has included ice therapy, hinge brace, surgery, and post-op physical therapy. The treating physician is requesting 6 additional physiotherapy sessions, which is now under review. On 2/11/2015, Utilization Review had non-certified a request for 6 additional physiotherapy sessions. The California MTUS Postsurgical Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy/rehab visits QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Pages 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physiotherapy/rehab visits QTY: 6 is not medically necessary.