

Case Number:	CM15-0057852		
Date Assigned:	04/02/2015	Date of Injury:	07/15/2013
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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 58 year old female, who sustained an industrial injury on July 15, 2013. The injured worker reported heel pain. The injured worker was diagnosed as having right Achilles tendinopathy and tight heel coed/equinus. Treatment and diagnostic studies to date have included authorization for clog shoe that is yet to be obtained. A progress note dated February 10, 2015 provides the injured worker complains of intermittent right heel pain rated 7/10 that is made worse by walking or prolonged sitting. Physical exam notes tenderness and enlarged boney prominence of the right Achilles heel. The plan includes physical therapy and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 3 weeks for right insertional Achille tendinitis:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Ankle & Foot (Acute & Chronic) (updated 12/22/2014); ACOEM - [https://www.acoempracguides.org/Ankle and Foot](https://www.acoempracguides.org/Ankle%20and%20Foot); Table 2 Summary of Recommendations, Ankle and Foot Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient has a date of injury of 07/15/13 and presents with pain in her right insertional Achilles tendinopathy. The current request is for PHYSICAL THERAPY 3 TIMES PER WEEK FOR 3 WEEKS FOR RIGHT INSERTIONAL ACHILLE TENDINITIS. The 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." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The Utilization review states that the patient has received 12 physical therapy sessions in 2013. There is no report of new injury, new diagnoses, new examination findings or recent surgery to substantiate the current request. Furthermore, the treating physician states in his progress reports continue home exercise program including calf stretches t.i.d-q.i.d. There is no discussion as to why the patient would not be able to continue with a HEP. The requested physical therapy IS NOT medically necessary.