

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0241403 | | |
| Date Assigned: | 12/18/2015 | Date of Injury: | 02/24/2014 |
| Decision Date: | 01/22/2016 | UR Denial Date: | 11/30/2015 |
| Priority: | Standard | Application Received: | 12/10/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on 2-24-2014. He complains of ankle pain. The injured worker was diagnosed with stiffness of left ankle, non-traumatic rupture of Achilles tendon. Treatment to date has included diagnostic testing, physical therapy, shockwave, braces, medications and surgery (Achilles rupture repair 3-6-2014 and 5-31-2015). The progress note dated 10-6-2015, the IW states, "not having any significant pain and he is doing well. His range of motion was not tested; he has slight decrease in sensation over the posterior aspect of the Achilles tendon at the dermis level. He has an antalgic gait on the left side due to the shortness of Achilles tendon and lack of strength. The plan is for physical therapy." The physical therapy progress note dated 10-28-2015, on exam IW has "deceased range of motion and strength with a trace amount of swelling. He rates his pain a 3 out of 10, with 10 being the worst. He has difficulty descending stairs due to stiffness. His goals are to decrease pain, improve function, increase strength and return to work. He has made some progress in his goals. The plan is to continue physical therapy for 2 visits a week with an expected duration of 4 weeks". The UR decision, dated 11-30-2015 denied physical therapy visits 2 times a week for 4 weeks to left ankle. The request for authorization, dated 12-9-2015 is for physical therapy visits 2 times a week for 4 weeks to left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 4 weeks, left ankle: Upheld

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

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

Decision rationale: Physical therapy 2 x week x 4 weeks, left ankle is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 48 postsurgical visits for this condition. The patient is now out of the 6-month post surgical period. It is unclear how many total left ankle PT visits the patient has had. The most recent 8 visits indicate some evidence of progress in range of motion. This is the patient's second surgery. At this point, the patient should likely be versed in a home exercise program. The MTUS Chronic Pain Medical Treatment Guidelines recommend a transition to an independent home exercise program. The request for 8 more supervised PT visits for the left ankle is not medically necessary.