

Case Number:	CM14-0142742		
Date Assigned:	09/10/2014	Date of Injury:	12/27/2012
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 29-year-old female who sustained an injury to the left lower extremity on 12/27/12. The clinical records available for review included a progress report dated 07/09/14 noting that the claimant had complaints of pain in the left Achilles tendon and calf, described as cramping. The progress report documented that the claimant had just finished a course of physical therapy with documented improved mobility. Examination showed no tenderness of the calcaneus, slight tenderness to palpation over the anterior ankle joint and Achilles tendon. The claimant was diagnosed with Achilles bursitis and tendinitis and the recommendation was made for "additional physical therapy" for an unspecified number of sessions. The 05/07/13 MRI report identified calcaneal cuboid joint arthrosis with cartilage loss and mild peroneal longus and brevis tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Ankle And Achilles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical therapy (PT), Achilles bursitis or tendonitis

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

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the continuation of physical therapy as medically necessary. There is no documentation of the number of sessions being requested and this would be important to know prior to making a recommendation for additional physical therapy. It is also documented in the records that the claimant just finished a recent course of therapy having made improvements in both mobility and function. Given the claimant's current physical examination findings and documentation of completion of a recent course of therapy, it is not clear why this claimant would not be capable of transitioning to a home exercise program to maintain mobility and strength. Therefore, the request for Physical Therapy "with no documented frequency" would not be supported as medically necessary.