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| Case Number: | CM14-0166580 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 09/14/2012 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old male with an injury date on 09/14/12. Based on the 09/05/14 progress report provided by [REDACTED], the patient complains of "continued pain in both his feet. He describes the pain as sharp, throbbing with pins-and-needles and numbness, 4/10, worse with standing and walking. The patient is status post bilateral Haglund deformity repair." His diagnoses include the following: 1. Status post-surgical repair of the bilateral Haglund deformity, slightly symptomatic, 2. Left JUV Osteochondrosis foot. [REDACTED] is requesting 6 physical therapy sessions for left foot pain. The utilization review denied the request on 09/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/14 to 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks for the left foot: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, Ankle and foot chapter under Physical Therapy

Decision rationale: According to the 09/05/14 handwritten report by [REDACTED], this patient presents with bilaterally foot pain. The request is 6 physical therapy sessions, targeting the left foot. The patient is status post bilateral Haglund deformity and Achilles tendon rupture repair on 04/18/14 and is within the post-surgical time-frame. The request was denied by utilization review dated 09/25/14. The rationale states that "The history and documentation do not objectively support the request for additional physical therapy at this time." Medical records dated 07/25/14 indicate the patient saw a podiatrist on 05/30/14 and post-op physical therapy was recommended for 12 visits. The 12 sessions requested was approved but there is no evidence in the reports that these were completed. Regarding post-op therapy treatment for Achilles tendon rupture, ODG Guidelines recommend 48 visits over 16 weeks. Given the patient is within the post-surgical time-frame for therapy treatments; the requested 6 additional sessions combined with the 12 authorized sessions is consistent with ODG Guidelines. Recommendation is for authorization.