MAXIMUS Federal Services

| Case Number: | CM14-0097769 | | |
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| Date Assigned: | 07/28/2014 | Date of Injury: | 07/14/2013 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

## 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 & Rehabilitation 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:

Patient is a 51-year-old female with complaint of Contracture of tendon (sheath); posterior tibial tendon dysfunction, status post (s/p) posterior tibial tendon rupture repair, left (02/08/14); and calcaneal valgus, left; associated with an industrial injury date of 07/14/13.Medical records from January to May 2014 were reviewed. Patient injured her left ankle on 07/14/13 followed by severe swelling and pain. An MRI done last 09/13 showed a split posterior tibial tendon and possible rupture of the deltoid and anterior tibulofibular ligament. Patient was put on a trial of Prednisone and anti-inflammatories with no reported improvement and with further worsening of pain and difficulty ambulating. No available documentation showed consult following the injury. The last available progress report, dated 02/05/14, showed patient had severe pain and swelling of the left ankle, hence consulted with MD. Physical examination of the left ankle showed swelling of the medial aspect over the tibialis posterior, deltoid ligament, anterior tibialis tendon and subtalar joint, with a very distended posterior tibial tendon on the left. Severe pain was elicited in doing range of motions (ROMs) of the left ankle. Tenderness was noted at the insertion of the posterior tibial tendon, anterior tibulofibular ligament and tibialis anterior tendon. Also with noted distention around the left ankle joint, calcaneal valgus and collapse of the medial column. MRI of the left ankle done 02/07/14 showed tibialis posterior tendinosis with more evident longitudinal split tearing extending from the level of the medial malleolus to the navicular attachment with tenosynovitis, hindfoot and midfoot valgus with slight interval progression of midfoot collapse, plantar fasciitis, bursitis and superficial Achilles bursitis. Patient underwent posterior tibial tendon rupture repair last 02/08/14. Hand-written progress reports showed improvement in patient's symptoms and good healing. No mention of physical therapy done after the surgery in the submitted documentation. There was mention of a progress report dated 05/21/14 in the utilization report, however, the official PR from that date was not included

in the medical records submitted for review.Treatment to date has included conservative management, medications (Naprosyn, Ultram, Medrol, Voltaren gel, Neurontin, Nabumeton and Prednisone since at least 01/10/14), Dosepak modified spica brace and surgery.Utilization review from 05/27/14 denied the request for additional physical therapy sessions #6 because of absence of documentation or progress report showing objective findings of improvement, physical exam findings or previous physical therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (PT) sessions # 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 13-15.

**Decision rationale:** As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Also, according to the CA MTUS Post-Surgical Treatment Guidelines, 8 post-operative PT visits over 3 months are recommended for posterior tibial tenosynovitis (partial or complete rupture). In this case, following patient's posterior tibial tendon rupture repair last 02/08/14, no further detailed progress reports were included in the documents submitted. There was no mention of patient being started on physical therapy, nor was there any documentation of patient's response or any objective findings indicating functional improvement to the physical therapy, if any. Also, the recommended time frame for post-surgical physical medicine treatment period of 6 months has already elapsed. No documented recurrence or flare-ups were reported, hence there is no reason to extend the treatment beyond the time frame established by the guideline. There was likewise incomplete documentation in that the mentioned progress report of 05/21/14 was not included in the submitted documents. Moreover, body part to be treated is not specified. Therefore, the request for additional physical therapy sessions #6 is not medically necessary.