

Case Number:	CM15-0019490		
Date Assigned:	02/09/2015	Date of Injury:	01/08/2003
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female, who sustained an industrial injury on 1/8/03. The documentation noted that the injured worker was being treated for midsubstance Achilles tendinosis with recent exacerbation. She continued to be symptomatic along the right midsubstance Achilles tendon where she had a prior repair of the torn Achilles rupture and along the insertion of the the plantar fascia. The documentation noted palpable scarring and tendinosis and pain with resisted plantar flexion. The documentation noted that the injured was doing physical therapy and reports temporary improvement in symptoms. Magnetic Resonance Imaging (MRI) on 6/19/14 demonstrates diffuse chronic Achilles tendinosis with partial interstitial disruption and peroneal tendinitis. Also noted was mild posterior tibial tendinosis and reosynovitis and a small ganglion cyst along the anterior margin of the calcaneus and thickening of the plantar fascia. The diagnoses have included right chronic Achilles tendinosis in the midsubstance insertion status post achilles tendon rupture repair. According to the utilization review performed on 1/13/15, the requested Physical therapy 2 x week x 6 weeks right ankle (12 sessions) has been non-certified. The utilization review noted that there was a remote original injury to the Achilles tendon with new plantar fascial pain, an undocumented number of total prior physical therapy visits without sustained gains, and no documented functional improvement after the 6 most recent physical therapy visits. CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines Page 99, Physical Medicine Guidelines and Official Disability Guidelines Ankle and Foot were used in the utilization review.

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 6 weeks right ankle (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle, Physical therapy

Decision rationale: The MTUS notes that physical medicine, including physical therapy (PT), is recommended to provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG guidelines recommend physical therapy with limited positive evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. Active Treatment versus Passive Modalities: In general, the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). ODG Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. For achilles bursitis or tendonitis (ICD9 726.71) medical treatment is recommended for 9 visits over 5 weeks. In this case the treatment notes indicate that the injured worker has had multiple courses of physical therapy with the exact number of sessions not indicated. The treatment note of 5/28/14 indicated that previous physical therapy treatments did improve symptoms. The records do not address specific functional improvement, how long the improvement in symptoms lasts or whether the injured worker continues to perform home exercises which would be appropriate. The primary treating physician's request for 12 additional physical therapy sessions exceeds the number of visits recommended in the ODG guidelines. An ongoing home exercise program would be appropriate as indicated in the MTUS. The request for physical therapy treatment for the right ankle for 12 sessions, 2 times per week for 6 weeks, is not medically necessary.