

Case Number:	CM15-0110449		
Date Assigned:	06/19/2015	Date of Injury:	09/17/2013
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 male, with a reported date of injury of 09/17/2013. The diagnoses include status post right ankle/Achilles reconstruction, right ankle recurrent insertional Achilles tendinopathy, right ankle calcaneal exostosis, and right ankle retrocalcaneal bursitis. Treatments to date have included physical therapy, right ankle surgery on 11/13/2014, and a crutch. The medical report dated 04/27/2015 indicates that the injured worker stated that he felt improved, but he reported "killer" pain primarily at the Achilles insertion. It was noted that the injured worker had two sessions of therapy left. He appeared to be increasing his strength in therapy. The injured worker was scheduled to receive his orthotics the following week. The physical examination showed no acute distress, intact skin, no signs of infection, intact right Achilles, improved right calf strength, and inability to single heel rise. It was noted that the injured worker appeared to have weakness. The injured worker was recommended additional therapy, as well as work conditioning/work hardening. The medical records included one physical therapy report dated 01/20/2015. There was documentation that the injured worker continually progressed since the initiation to physical therapy with respects to active range of motion, strength, decreased pain, and swelling, and return to light activities of daily living with his right foot and ankle region, with a single crutch. The treating physician requested physical therapy two times a week for four weeks for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times weekly for 4 weeks for right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records reports pain in the ankle region but do not document specific functional goals for additional 8 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for ankle sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a request for 8 visits of PT and therefore is not medically necessary.