

Case Number:	CM15-0115345		
Date Assigned:	06/23/2015	Date of Injury:	10/31/2014
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 47-year-old male, who sustained an industrial injury on 10/31/2014. He reported pain in his right ankle and foot. The injured worker was diagnosed as having open repair of right Achilles tendon and right calf DVT. Treatment to date has included right ankle surgery, a right ankle MRI, physical therapy x 22 sessions with reported improvement and Norco. On 3/23/15, the injured worker reported 3-6/10 pain in the right ankle and no relief after 3 sessions of physical therapy. As of the PR2 dated 4/30/15, the injured worker reports 2/10 pain in his right ankle. Objective findings include diffuse discoloration of the right foot and slight coolness to palpation. The treating physician requested physical therapy for the right foot and ankle x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy for the right foot and ankle, quantity: 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: CA MTUS post-surgical treatment guidelines for Achilles tendon rupture and repair, page 13 recommend: Achilles tendon rupture (ICD9 727. 67): Postsurgical treatment: 48 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Half the visits are initially recommended pending re-evaluation. In this case the repair was done greater than 6 months ago and the exam note from 4/30/15 does not describe and re-injury or reason why additional therapies should prove beneficial beyond the guidelines recommendations. Based on this the request is not medically necessary.