

Case Number:	CM15-0175259		
Date Assigned:	09/23/2015	Date of Injury:	12/09/2014
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year old male who sustained an industrial injury December 9, 2014. According to a treating physician's progress report dated July 24, 2015, the injured worker presented for a re-check of a right leg injury with complaints of lower leg pain-right posteromedial, proximal lower leg. He rated the pain 2 out of 10 with improved symptoms of pain, swelling and inability to bear weight. He underwent aquatic therapy and physical therapy, both helpful and he is presently discharged from physical therapy. Physical examination revealed; gait demonstrated limping on the right but no antalgia on the right; right knee-normal appearance no deformity or tenderness; right lower leg-tenderness medial posterior and right calf; right ankle-appearance normal no deformity or tenderness and strength is normal. Assessment is documented as strain of right soleus muscle; right calf pain; gastrocnemius strain; traumatic rupture of right plantaris muscle. Treatment plan included a second opinion with an orthopedic physician and at issue, a request for authorization for additional physical therapy 2 x 4 (to include 4 land and 4 aquatic visits). The treating physician documented on July 24, 2015, that an MRI report dated February 2015, was reviewed and showed a tear in the muscle of the right calf. A formal report is not present in the medical record. According to utilization review dated August 17, 2015, the request for Physical Therapy 2 x 4 (to include 4 land and 4 aquatic visits) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 (to include 4 land and 4 aquatic visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in December 2014 when, while working as an airline pilot, he was walking and sustained a right plantaris tendon tear while walking up the airplane steps. As of 04/15/15 he had completed six physical therapy treatments within overall 50-60% improvement. He was using an underwater treadmill in therapy. As of 07/24/15, he had been discharged from therapy. Case notes reference completion of a total of 20 therapy sessions. When seen, he had been unable to return to work as there was no light duty available. Physical examination findings included a normal body mass index. He had an antalgic gait. There was right calf tenderness with range of motion and normal strength. Authorization was requested for an additional eight physical therapy treatment sessions. In terms of physical therapy for this condition, guidelines recommend up to 12 treatment sessions over 8 weeks and the claimant has already had physical therapy in excess of that recommendation. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. There is no clear need for ongoing aquatic therapy, as the claimant would be expected to benefit from land-based exercises and there are no weight-bearing restrictions. The request is not considered medically necessary.