

<b>Case Number:</b>	CM15-0028959		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 41 year old male who sustained an industrial injury on 03/25/2013. He has reported pain in the left foot/ankle. Diagnoses include calcaneal spur, left foot/ankle tendonitis, and Achilles bursitis/tendinitis. Treatments to date include surgery for removal of bone spurs on the heel, medications, and postoperative physical therapy treatment and exercises. A progress notes from the treating provider dated 12/10/2014 indicates the IW has tenderness in the ankle and tenderness in the lumbar spine. He states that due to walking abnormally, he twisted his low back. X-rays of the left ankle and foot show no degenerative changes. Examination on 10/01/2014 describes a disruption in the surgical wound with no signs or symptoms of infection, and the IW was wearing a surgical boot for protection. On 10/29/2014, the IW began his physical therapy. On 01/16/2015, a request was received for 12 physical therapy visits for the left foot/ankle between 1/21/2015 and 03/06/2015. The original request for authorization is not found in the medical records. On 01/23/2015 Utilization Review non-certified a request for 12 Physical Therapy Visit. The ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Ankle and foot chapter. Physical therapy section.

**Decision rationale:** 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. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Ankle/foot Sprain (ICD9 845):Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 34 visits over 16 weeks Enthesopathy of ankle and tarsus (ICD9 726.7):Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 9 visits over 8 weeks Achilles bursitis or tendonitis (ICD9 726.71): Medical treatment: 9 visits over 5 weeks. In this instance, the injured worker had removal of bone spurs from the heel, Achille's tendon debridement, and a partial synovectomy it appears in September 2014. A progress note from 10-29-2014 stated that he was starting his physical therapy that day. No progress notes were included for review. The Official Disability Guidelines allow for 34 post-operative visits over 16 weeks. No physical therapy notes were included for review. As there in no means of quantifying the physical therapy to date or the response to such treatment, 12 additional physical therapy sessions are not medically necessary, primarily because of the paucity of information provided in terms of physical therapy already received.