

Case Number:	CM15-0090808		
Date Assigned:	05/15/2015	Date of Injury:	05/01/2014
Decision Date:	06/24/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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:

Certification(s)/Specialty:

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 32 year old male, who sustained an industrial injury on 5/1/14. He reported pain, popping, and snapping in the right Achilles tendon. The injured worker was diagnosed as having sprains and strains of the ankle and rupture of the Achilles tendon. Treatment to date has included right Achilles tendon tear repair on 5/8/14, physical therapy, and medications such as Norco and Vicodin. A report dated 4/2/15 noted physical examination findings of significant right calf atrophy and weakness. Significant right ankle weakness with flexion and inversion was also noted. Currently, the injured worker complains of right ankle pain. The treating physician requested authorization for physical therapy 2-3 times a week for 6 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 2-3 times a week for 6 weeks for the 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 ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361, 369-376, Chronic Pain Treatment Guidelines Part 2 Page(s): 98,99.

Decision rationale: The member's DOI was 5/1/15 with a repair of a ruptured Achilles tendon 5/8/14. The member was referred for postoperative Physical Therapy and Pain Management. The member reported increased R ankle pain. Atrophy and weakness of the Achilles Tendon was indicated. Member returned to work with restrictions but experienced bilateral ankle pain that radiated to his toes and up his calf. For any acute sprain/strain/contusion the use of elevation and with the lower extremity a brief period of non-weight bearing are appropriate. Instructing the injured member on a program for self-care is also important, to include passive range of motion as well as the judicious use of heat and cold before or after exercise. In severe cases the use of immobilizers or splints may prove necessary. In this case the choice was to add physical therapy which can ensure the appropriate application and supervision/guidance of various modalities. 8-10 visits over the course of 4 weeks can be supported for the acute postop period. With an acute flare reinstatement of a brief return to PT can be approved in order to refresh the member with regard to the parameters of self-care but a full return to formal PT could not be justified. Additionally this request did not include the expectation of fading (tapering) of frequency. The ongoing record does not report a flare of symptoms nor a new injury to the ankle or Achilles. Therefore the UR Non-Cert is supported.