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| Case Number: | CM13-0014636 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 06/26/2013 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 08/06/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

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. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Family practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 sustained an injury on June 26, 2013 whereby he fell down a hill while carrying PVC pipe. He was complaining of back pain initially and was seen in emergency room. X-rays and CT imaging were undertaken of the thoracic and lumbar spine and laboratory investigation was also utilized. The injured worker was diagnosed with a contusion of the back a sprain of the thoracic and lumbar spines. On follow up with the treating physician the injured worker began to note that he had right foot pain. It was speculated at first that he suffered a contusion of the heel and was later thought that he may have plantar fasciitis. X-rays of the right foot revealed no acute findings. The injured worker was evaluated by podiatry who thought the diagnosis was more consistent with plantar fasciitis. There is reference to a note from podiatry which stated that plantar fasciitis was likely diagnosis with regard to the right foot complaints. Neither the treating physician nor the podiatrist felt that the right foot symptoms were related to the injury stemming from June 26, 2013. The injured worker has referred for possible physical therapy with regard to the right foot. His exam was consistent with plantar fasciitis and that he had medial heel tenderness and plantar fascial tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT TO THE RIGHT FOOT FOR 8 SESSIONS, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368-372.

Decision rationale: Physical modalities such as massage, diathermy, TENS units, and passive therapy modalities are not recommended except as an initial aid to a home exercise program as they have no proven efficacy for ankle and foot complaints, such as plantar fasciitis.

Alternatively, rigid orthotics, home stretching, soft and supportive shoes, and anti-inflammatory medication are recommended for plantar fasciitis. The Physical Therapy requested above is not medically necessary.