

Case Number:	CM13-0017012		
Date Assigned:	03/19/2014	Date of Injury:	09/24/2012
Decision Date:	04/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/27/2013

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 Practice, and is licensed to practice in California. 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 patient is a 62-year-old male who reported an injury on 09/24/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with right plantar fasciitis. Physical examination revealed mild tenderness of the plantar aspect of the heel and well healed portals. There was no evidence of arch collapse.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY 3 X 6 RIGHT FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine in the conditions of myalgia and myositis, unspecified, at 9 to 10 visits. The most Final Determination Letter for IMR Case Number [REDACTED] 3 recent clinical note provided indicated the patient still had mild tenderness of the plantar aspect of the heel. Continuation of physical therapy was also recommended. Given the patient underwent surgery in

06/2013, the absence of documented exceptional factors and details regarding functional gains made in postoperative physical therapy were not provided. Therefore, additional therapy is not supported. Given the above, the request for postoperative physical therapy 3 times 6 to right foot is non-certified.