

<b>Case Number:</b>	CM13-0018814		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California & Washington. 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 is a 43-year-old male who reported an injury on 04/20/2010. The mechanism of injury was noted to be an altercation. The injured worker's prior treatment was noted to be physical therapy. The injured worker's diagnosis was plantar fascial fibromatosis. The injured worker had an exam on 08/12/2013. The subjective complaint was the injured worker's left heel causing persistent pain with standing and walking. The objective findings included tenderness to palpation to the left heel plantar fascia insertion site. The treatment plan included physical therapy, a Turning Leg Caddy, and crutches with CAM walker boot. The provider's rationale for the request was provided within the documentation dated 08/12/2013. A Request for Authorization for Medical Treatment was included with the documentation and dated 08/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY 2X WEEK X 6 WEEKS FOR LEFT FOOT:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com), Ankle & Foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Physical therapy (PT).

**Decision rationale:** The Official Disability Guidelines do recommend physical therapy. An exercise program with goals should include strength, flexibility, endurance, coordination, and education. The ODG physical therapy guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. The guidelines allow 6 visits over 4 weeks for plantar fasciitis. The documentation provided for review does indicate that the injured worker has had at least 6 visits of physical therapy. It is not noted that the injured worker has progressed to home exercise. The documentation also fails to indicate current measurable objective functional deficits. The evaluation did not note range of motion values or motor strength numbers. The evaluation failed to support failure of conservative care. Therefore, according to the guidelines, the request for additional physical therapy 2 times a week times 6 weeks for the left foot is not medically necessary.