

<b>Case Number:</b>	CM13-0025733		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric Surgery, and is licensed to practice in New York. 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

As described in the enclosed case, this pt had a work injury on 8-6-2012. Her diagnoses include back pain, ankle pain, plantar fasciitis, antalgic gait. The 7-23-2013 progress note advises that pt is still in pain left foot. The PE reveals pain to the plantar fascia left foot. On 8-2-2013 the pt underwent a left foot plantar fasciotomy. The progress note of 8-20-2013 advises that patient is doing well post operatively and is sent for physical therapy for her left foot. Physical therapy notes are noted in the chart, and are for the most part illegible. On 9-27-2013 the pt visited her podiatrist for post operative eval. Still noting pain to her feet, left worse than right. The patient was advised to continue physical therapy, as well as "topical medication."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of physical therapy to the left foot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS 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 (ODG), Physical Therapy Section.

**Decision rationale:** The Physician Reviewer's decision rationale: After careful review of the enclosed information and the MTUS and ODG guidelines, it is my feeling that the requested 6 visits of physical therapy is medically necessary. This patient underwent a left plantar fasciotomy, and was still in pain as of her 7 week post operative visit. Physical therapy was

recommended. The ODG section on physical therapy advises that an initial 6 visits is appropriate. The request for six sessions of physical therapy to the left foot is medically necessary and appropriate.