

Case Number:	CM13-0034616		
Date Assigned:	12/11/2013	Date of Injury:	03/05/2011
Decision Date:	02/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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. 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 58-year-old male who reported a work-related injury on 03/05/2011. The specific mechanism of injury was not stated. The patient is status post a plantar calcaneal cystectomy with medial fascia release as of 12/23/2011. The clinical note dated 11/21/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for treatment of the following diagnoses: plantar fasciitis, status post surgical intervention, hip pelvic pain, knee pain, left foot pain, and lumbar strain. The provider documents the patient is status post electrodiagnostic studies, which revealed severe tarsal tunnel syndrome to the left. The provider documents the patient reports his rate of pain at a 6/10. Upon physical exam of the patient, there was full range of motion about the lumbar spine with discomfort noted. The provider documented the patient reported pain on passive range of motion of the right hip. The provider documented full range of motion about the bilateral ankles, tenderness to palpation of a scarring area to the right foot. The provider documented the patient was to continue his previous medications and utilize physical therapy 3 times per week for 2 weeks. The provider documented the patient was to continue utilization of a cane for assistance with ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for eighteen (18) additional Physical Therapy Sessions for the right foot between 9/3/2013 and 10/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter (Acute and Chronic), and Section on Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99.

Decision rationale: The current request is not supported. There were no clinical notes provided evidencing the patient's clinical picture between the dates of 09/03/2013 and 10/18/2013. There were no physical therapy notes documenting the patient's course of treatment or the patient's objective findings of symptomatology or subjective complaints of pain. Given that there were no physical therapy notes submitted specifically for this review evidencing the patient's course of treatment, duration of treatment, or efficacy of treatment, the current request cannot be supported. The California MTUS indicates, "to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine." Given all the above, the request for eighteen (18) additional Physical Therapy Sessions for the right foot between 9/3/2013 and 10/18/2013 is neither medically necessary nor appropriate.