

Case Number:	CM13-0039933		
Date Assigned:	12/20/2013	Date of Injury:	01/08/2012
Decision Date:	02/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/28/2013

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 45-year-old female who reported an injury on 01/08/2012 due to participating in recreational activities with patients causing a pop in the bottom of the left foot. The patient's most recent clinical exam finding included significant tenderness with palpation to the plantar fascia and limited range of motion of the left ankle. Treatment history included therapeutic activity, gait training, neuromuscular rehabilitation, manual therapy, splinting, taping, iontophoresis, and patient education. The patient was also treated with E-stim, ultrasound, cryotherapy, hot packs, and medications. The patient's diagnoses included plantar fasciitis. The patient's treatment plan included continued physical therapy and medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (left foot/ankle) (1x8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

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

Decision rationale: Continued physical therapy of the left foot/ankle 1x8 is not medically necessary or appropriate. The clinical documentation submitted for review does provide

evidence that the patient previously participated in physical therapy for this injury. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in a home exercise program that is failing to provide relief of physical symptoms. Although a limited number of physical therapy visits may be indicated to provide re-education and re-establish a home exercise program, 8 physical therapy visits would be considered excessive. As such, the requested continued physical therapy for the left foot and ankle 1x8 is not medically necessary or appropriate.