MAXIMUS Federal Services

| Case Number: | CM13-0054564 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 01/23/2013 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

## 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 Texas. 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:

This is a 53-year-old male patient who reported an injury on 01/23/2013 and the mechanism of injury was that the patient was walking at school and experienced severe pain on the bottom of left foot. The patient reportedly has had 12 physical therapy sessions to date and the request is for 6 additional. Evaluation and re-evaluation were completed on 10/01/2013. Ankle and foot evaluation dated 10/01/2013 indicated left active range of motion, dorsiflexion illegible, plantar flexion 55 degrees, inversion 20 degrees, eversion 12 degrees. Under resistance, left foot there is a flexion 5/5, plantar flexion 4/5, inversion 4/5, eversion 4/5. On physical exam dated 11/15/2013, the patient presented complaining of plantar fasciitis and retrocalcaneal bursitis on the left side. On the same visit, the patient felt he could return to work at modified duty. Objective findings were that there was no tenderness or edema of the plantar medial aspect of the left heel and posterior aspect of the left heel. Diagnoses include retrocalcaneal bursitis and plantar fasciitis left side. The treatment plan at that time was to encourage the patient to continue the prescribed exercises, also to continue wearing his orthotic and supportive shoes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 2 weeks, left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The CA MTUS Guidelines state passive and active therapy are beneficial in the early and post-acute phases of pain treatment. Guidelines would support 8-10 sessions for neuralgia and 9-10 visits for myalgia and myositis. The patient has completed 12 therapy sessions to date. Documentation provided for review did not indicate any significant functional deficits or objective improvement from prior therapy to support additional sessions at this time. Also, the request would exceed the recommended number of visits per guidelines. As such, the request is non-certified.