

Case Number:	CM13-0057497		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2011
Decision Date:	05/15/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 35-year-old male who reported an injury on 12/30/11. The mechanism of injury was not stated. The current diagnosis is tarsal tunnel syndrome. The injured worker was evaluated on 10/29/13. The injured worker was status post nerve block and lysis injection for tarsal tunnel syndrome and keloid-like scar. The injured worker has attended physical therapy. Physical examination revealed tenderness to palpation of the right medial ankle and heel, tenderness in the area of the tarsal tunnel scar, and tenderness at the medial proximal plantar fascia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR EIGHT WEEKS FOR THE RIGHT ANKLE AND FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, and range of motion; it can also alleviate discomfort. Treatment for myalgia and myositis includes 9-10 visits over eight weeks. As per the documentation submitted, the injured worker has completed an unknown amount of physical therapy to date. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. The current request for physical therapy twice per week for eight weeks exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.