

Case Number:	CM13-0070958		
Date Assigned:	03/03/2014	Date of Injury:	01/24/2009
Decision Date:	06/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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 61 year old female who reported an injury on 01/24/2009 secondary to an unknown mechanism of injury. She underwent an Achilles tendon repair of the left ankle on 09/11/2009. She was also diagnosed with plantar fasciitis and tenosynovitis of the left foot and underwent a plantar fascia release/fasciectomy of the left foot on 04/26/2013 according to the operative report provided. Subsequently she was diagnosed with plantar fasciitis of the right foot and underwent a fasciectomy of the right foot on 07/26/2013. She was evaluated on 10/21/2013 and reported pain to the heels and plantar fascia of the feet bilaterally which was worse with weight bearing. On physical exam, the injured worker was noted to have hypersensitivity of the right foot with normal strength and reflexes bilaterally. She was diagnosed with possible reanastomosis of the plantar fascia bilaterally. It was noted that she was treated previously with injection therapy, interferential therapy, orthotics, and topical medications. At the time of request, the injured worker was noted to have completed an unknown duration of post-operative physical therapy for the left foot and had not yet started post-operative physical therapy for the right foot. A request for authorization was submitted on 11/11/2013 for additional physical therapy 3 times per week for 6 weeks for the bilateral foot/ankle. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3 TIMES 6 FOR THE BILATERAL FOOT/ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Odg for Ankle and Foot Regarding Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Physical Therapy (PT).

Decision rationale: The request for additional physical therapy three times six for the bilateral foot/ankle is not medically necessary. The injured worker underwent plantar fascia release/fasciectomy of the left foot on 04/26/2013 and the right foot on 07/26/2013. At the time of the request, the injured worker was noted to have completed an unknown duration of post-operative physical therapy for the left foot and had not yet started post-operative physical therapy for the right foot. Official Disability Guidelines recommend 6 visits of physical therapy for the treatment of plantar fasciitis. While initial post-operative physical therapy of the right foot may be warranted, there is no legible documentation in the information submitted for review to indicate how many physical therapy sessions have already been completed for the left foot. Furthermore, there are no physical therapy notes provided, and there is a lack of documented evidence of functional improvement with physical therapy for the left foot. As such, the request for additional physical therapy three times six for the bilateral foot/ankle is not medically necessary.