

Case Number:	CM14-0002373		
Date Assigned:	01/24/2014	Date of Injury:	02/12/1992
Decision Date:	06/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 patient is an employee of [REDACTED], and has submitted a claim for a sharp shooting pain on her left feet with tightness of the calf muscle on the left, associated with an industrial injury of February 12, 1992. Treatment to date has included medications, physical therapy for 12 sessions and orthotics. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left heel pain that is plantar fascial in nature. On physical examination, there was little tenderness noted on the plantar fascia of the left foot, with a slight metatarsus adductus that causes slight inversion of 3 degrees of calcaneal position on the ground with 10 degrees of equinus noted. The right foot was noted to be at perpendicular heel position on the ground. Utilization review from December 26, 2013 denied the request for Physical Therapy (PT) 2x 6-8 for weeks to left foot because the patient had received 12 sessions of physical therapy for her plantar fasciitis with noted improvement. Further PT is not supported by the criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6-8 WEEKS TO LEFT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Physical Therapy for Plantar Fasciitis.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient already underwent 12 sessions of physical therapy with noted improvements. Patient should be well versed in a self-directed home exercise by now. According to the Official Disability Guidelines (ODG) under the section of ankle and foot, Physical Therapy (PT) for plantar fasciitis should only be at 6 visits over 4 weeks. In this case, the patient already had 12 sessions of PT, which is beyond the recommended number of visits. Therefore, the request for Physical Therapy 2x for 6-8 weeks to left foot is not medically necessary.