

Case Number:	CM14-0004903		
Date Assigned:	01/24/2014	Date of Injury:	07/20/2009
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation has a subspecialty in Sports Medicine 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 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 reported an injury on 07/20/2009. The injured worker had several physical evaluations submitted with this request. The injured worker has a strong history of right shoulder complaints including treatments for the right shoulder. The most recent evaluation was dated 11/20/2013 and included the diagnosis of abdominal pain, acid reflux, diabetes mellitus, hypertension and sleep disorder. A request for Pro Stretch is requested on a document dated 12/18/2013. The review did not include a request for authorization for medical treatment for Pro Stretch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO STRETCH: 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- Home Exercise Kits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle And Foot, Plantar Fascia Stretch.

Decision rationale: The Official Disability Guidelines recommend stretching. Some studies have found that stretching the plantar fascia was 75 percent successful in relieving pain and enabling patients to return to full activity. The request for pro stretch is unnecessary as the injured worker does not have any clinical evidence of plantar fascia. In fact, the injured worker does not have any clinical documentation of any foot or ankle complaints. Therefore, the request for Pro Stretch is not medically necessary and appropriate.