

<b>Case Number:</b>	CM14-0013183		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of October 12, 2011. A progress note dated January 6, 2014 includes subjective complaints identifying low back pain with lower extremity symptoms. The patient is status post left plantar fasciotomy in July 2013. The patient has left plantar foot pain rated as 6/10. The patient indicates the ability to exercise and entertain a healthy activity level with the current pain medication. Objective examination findings reveal diminished sensation in the L5 and S1 dermatomal distribution. Diagnoses include status post left plantar fasciotomy, rule out lumbar intradiscal component, rule out lumbar radiculopathy, history of remote lumbar surgery, and bilateral knee pain. The treatment plan recommends an MRI of the lumbar spine. Additionally, reconsideration is requested for additional postoperative physical therapy for the left foot and lower extremity. The note indicates that 12 sessions facilitates diminution in pain and improve tolerance to standing and walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT), 3 X PER WEEK FOR 4 WEEKS FOR A TOTAL OF 12 SESSIONS, FOR THE LEFT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 6 physical therapy visits for the treatment of plantar fasciitis. Within the documentation available for review, it appears the patient has undergone 12 therapy sessions previously. There is documentation of improved function as a result of those therapy sessions. However, there is no identification of any ongoing objective treatment goals, or a statement indicating why an independent program of home exercise would be insufficient to address any remaining functional deficits. Finally, it appears the currently requested therapy, in addition to the therapy sessions already provided, exceeds the maximum number recommended by guidelines for this patient's diagnosis. As such, the currently requested additional physical therapy is not medically necessary.