

Case Number:	CM14-0110274		
Date Assigned:	08/01/2014	Date of Injury:	04/16/2013
Decision Date:	09/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 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:

This is a 52-year-old female who sustained a vocational injury on 04/16/13. The claimant underwent a left tarsal tunnel release and left plantar fasciotomy with heel spur excision on 04/17/14. Documentation suggests the claimant attended her third physical therapy visit on 07/31/14. The current request is for 18 postop physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy times 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Foot & Ankle chapter, Physical therapy (PT).

Decision rationale: California MTUS Postsurgical Rehabilitation Guidelines do not address therapy following this surgery. The Official Disability Guidelines support nine visits over eight weeks for enthesopathy of the ankle and tarsus, six visits over eight weeks for plantar fasciitis, and ten visits over five weeks for tarsal tunnel syndrome. Documentation suggests the claimant has already had three sessions of formal physical therapy. The current request exceeds the Official Disability Guidelines for the working diagnoses and surgical intervention. Prior to exceeding any guidelines documentation would be needed to support that there is continued functional and vocational deficits despite attending the recommended amount of physical therapy sessions. The current request of 18 formal physical therapy sessions exceed guidelines and subsequently are not medically necessary.

Durable Medical Equipment purchase: 2nd (second) pair of Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: In regards to the second request for durable medical equipment purchase of a second pair of orthotics, the ACOEM Guidelines support rigid orthotics in situations where they may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, documentation suggests the claimant already has a pair of orthotics and there is no rationale presented for review of why the claimant is unable to use the same set of orthotics for home use, work use, or any other footwear that the claimant may see as necessary. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines the request for a second pair of orthotics Durable Medical Equipment Purchase is not medically necessary.