

<b>Case Number:</b>	CM14-0117414		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/23/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 42 year old female with a work injury dated 3/23/03. The diagnoses include plantar fasciitis bilaterally, tarsal tunnel syndrome bilaterally. Under consideration is a request for Physical Therapy 3 times a week for 6 weeks for the bilateral feet. There is a handwritten, somewhat illegible physician report dated 7/11/14 where the patient is complaining of lumbar pain centered over the bilateral sacroiliac joints status post lumbosacral fusion in 2009. He complains of right knee pain and swelling since his right knee surgery. There is tenderness over the bilateral sacroiliac joint. There is a positive Fabere. There is decreased sensation in the bilateral S1 dermatomes. There is a positive McMurray and tenderness in the posterior ligament line. There is tenderness and varicosities in the right calf. The plan includes vascular surgery consult, repeat lumbar CT. A 5/14/14 document states that the patient has pain in both feet and worse on the left. There is tenderness in the plantar region of both feet. The plan includes PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 6 weeks for the bilateral feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy 3 times a week for 6 weeks for the bilateral feet is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation is not clear on the physical deficits that would require therapy. The request for 18 sessions of PT exceeds the guidelines recommendations of up to 10 for this condition. It is unclear from the documentation whether the patient has had prior therapy and the outcome of this therapy. Without this information physical therapy cannot be certified. The request for Physical Therapy 3 times a week for 6 weeks for the bilateral feet is not medically necessary.