

Case Number:	CM14-0132274		
Date Assigned:	08/27/2014	Date of Injury:	07/23/2012
Decision Date:	12/12/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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 employee was a 49 year old male who sustained an industrial injury on 07/23/12. He had a diagnosis of plantar fasciitis and had plantar fasciectomy of left foot and ostectomy of left calcaneus on 07/11/14. He was seen postoperatively on 07/25/14 and had sutures removed. His diagnosis was plantar fasciitis. A request was sent for physical therapy 3 times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 3 x week x 4 weeks of the 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 Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle, Physical medicine

Decision rationale: The employee was a 49 year old male who sustained an industrial injury on 07/23/12. He had a diagnosis of plantar fasciitis and had plantar fasciectomy of left foot and ostectomy of left calcaneus on 07/11/14. He was seen postoperatively on 07/25/14 and had sutures removed. A request was sent for physical therapy 3 times a week for four weeks. Official

disability guidelines recommend 6 visits of physical therapy for plantar fasciitis over 4 weeks. The guidelines are silent with recommendation for post operative physical therapy in plantar fasciitis surgery. Given the request is for 12 visits, which is more than the initial 6 visits recommended, the request is considered not medically necessary or appropriate.