

Case Number:	CM14-0136419		
Date Assigned:	09/03/2014	Date of Injury:	08/11/2012
Decision Date:	10/27/2014	UR Denial Date:	08/03/2014
Priority:	Standard	Application Received:	08/25/2014

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:

The claimant is a 40 year old female who sustained a left foot and ankle contusion on 07/24/12, Clinical records provided for review documented that, following a course of conservative care, the claimant underwent left plantar fasciectomy on 02/24/14. Since the time of injury the claimant has had 24 sessions of postoperative physical therapy. The postoperative report on 06/24/14 noted continued tenderness to the left plantar fascia, stating that the claimant favored the right lower extremity with ambulation. No postoperative imaging reports or physical examination findings were provided for review. This review is for eight additional sessions of physical therapy for the claimant's left foot following the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy left foot lower extremity at 2 times a week for 4 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Guidelines do not support the request for continued post operative physical therapy for the left foot lower extremity of eight sessions as medically necessary. The Postsurgical Guidelines following plantar fascia release recommend

up to nine sessions of physical therapy over an eight week period of time. The claimant has already undergone twenty-four sessions of physical therapy in the postoperative setting. The request for additional physical therapy following the operative procedure would far exceed the Postsurgical Guideline criteria and would not be indicated as medically necessary.