

Case Number:	CM14-0144082		
Date Assigned:	09/12/2014	Date of Injury:	02/14/2013
Decision Date:	12/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 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 patient sustained an injury on 2/14/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2X4 for the left foot QTY: 8 and APC/ PRP injection x 1; Anesthesia x 1-left foot. Diagnoses included left foot chronic plantar fasciitis, calcaneal spur syndrome and acute tenosynovitis. Report of 7/18/14 from the podiatry provider noted the patient with ongoing sharp left foot and bottom of left heel pain with previous local injection. X-rays of the left foot showed plantar anterior calcaneal spur. Report of 7/28/14 from the pain management provider noted the patient with chronic left foot and heel pain with painful gait. The patient was wearing a CAM boot. Diagnoses include left leg painful gait; metatarsalgia; and left plantar fasciitis. Treatment plan included MRI, PRP injection for plantar fasciitis. The request(s) for Physical Therapy 2x4 for the left foot QTY: 8 was modified for 6 visits and APC/ PRP injection x 1; Anesthesia x 1-left foot was non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT)2x4 for the left foot QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Ankle and Foot regarding Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines Page(s): 98-99.

Decision rationale: This patient sustained an injury on 2/14/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2X4 for the left foot QTY: 8 and APC/ PRP injection X1; Anesthesia x1-left foot. Diagnoses included left foot chronic plantar fasciitis, calcaneal spur syndrome and acute tenosynovitis. Report of 7/18/14 from the podiatry provider noted the patient with ongoing sharp left foot and bottom of left heel pain with previous local injection. X-rays of the left foot showed plantar anterior calcaneal spur. Report of 7/28/14 from the pain management provider noted the patient with chronic left foot and heel pain with painful gait. The patient was wearing a CAM boot. Diagnoses include left leg painful gait; metatarsalgia; and left plantar fasciitis. Treatment plan included MRI, PRP injection for plantar fasciitis. The request(s) for Physical Therapy 2x4 for the left foot QTY: 8 were modified for 6 visits and APC/ PRP injection x1; Anesthesia x1-left foot was non-certified on 8/22/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions with recent additional therapy provided on 8/22/14 without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2x4 for the left foot QTY: 8 are not medically necessary and appropriate.

APC injection X1; anesthesia x1-left foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Platelet-Rich Plasma (PRP), pages 36-37.

Decision rationale: This patient sustained an injury on 2/14/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2X4 for the left foot QTY: 8 and APC/ PRP injection x1; Anesthesia x1-left foot. Diagnoses included left foot chronic plantar fasciitis, calcaneal spur syndrome and acute tenosynovitis. Report of 7/18/14 from the podiatry provider noted the patient with ongoing sharp left foot and bottom of left heel

pain with previous local injection. X-rays of the left foot showed plantar anterior calcaneal spur. Report of 7/28/14 from the pain management provider noted the patient with chronic left foot and heel pain with painful gait. The patient was wearing a CAM boot. Diagnoses include left leg painful gait; metatarsalgia; and left plantar fasciitis. Treatment plan included MRI, PRP injection for plantar fasciitis. The request(s) for Physical Therapy 2x4 for the left foot QTY: 8 were modified for 6 visits and APC/ PRP injection x1; Anesthesia x1-left foot was non-certified on 8/22/14. Per ODG, Platelet-rich plasma (PRP) injection is not recommended as recent higher quality studies showed no evidence of efficacy over that of placebo effect. The evidence-based study noted PRP treatment for chronic Achilles tendon disorder or tendinopathy/tendinitis did not appear to reduce pain symptoms or increase functional activities and injections do not appear to be an effective approach in the treatment of Achilles tendinopathy and there is no recommendation for PRP injection for the diagnoses listed by the providers. Submitted reports have not adequately demonstrated medical indication or necessity beyond the guidelines recommendations or criteria. The APC/PRP injection x1; Anesthesia x1-left foot is not medically necessary and appropriate.