

Case Number:	CM14-0156744		
Date Assigned:	09/26/2014	Date of Injury:	10/01/2011
Decision Date:	12/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 Family Medicine, and is licensed to practice in New York and New Jersey. 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 injured worker is a 45 year-old female who was injured on 10/1/11. She had a partial plantar fasciotomy of the right heel. On x-ray, she had plantar calcaneal spurring and on exam, had tenderness about the plantar fascia. She was diagnosed with plantar fascial fibromatosis. She was treated with pain medications including anti-inflammatories and narcotics, corticosteroid injections, orthotics, extracorporeal shock wave therapy, and then finally had a plantar fasciotomy. As per documentation, the patient had been approved for 6 sessions of post-operative physical therapy. There are no physical therapy notes describing treatment if she did have physical therapy. An additional 6 sessions is now being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right foot (2x3) 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: The request is considered not medically necessary. The patient is s/p plantar fasciotomy. This limited chart states the patient had been approved for six sessions of physical therapy already. The UR implied the patient had received these sessions although there are no

physical therapy notes in the chart. There was no documentation of improvement of pain or functional status. The request appears to be for additional physical therapy. Because there is no documentation about the initial results from therapy, it is not medically necessary to continue physical therapy at this time. The patient should have received instruction on how to maintain a home exercise program after six sessions of physical therapy. Therefore, the request is considered not medically necessary.