

<b>Case Number:</b>	CM14-0168884		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### **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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for plantar fasciitis and tarsal tunnel syndrome reportedly associated with an industrial injury of December 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 29, 2011, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a March 11, 2014 progress note, the applicant reported ongoing complaints of bilateral heel pain secondary to plantar fasciitis. The applicant apparently had comorbid diabetes, it was acknowledged. The attending provider posited that the applicant had failed conservative treatment including stretching exercises, splinting, orthotics, physical therapy, and extracorporeal shock wave therapy. The applicant was given work restrictions. It did not appear that the applicant was working with said permanent limitations in place. It was stated that the applicant had been offered a plantar fascia release surgery but had declined the same. On August 27, 2014, the applicant reported ongoing complaints of left greater than right heel pain. The attending provider acknowledged that the applicant was not working as his employer was unable to accommodate previously imposed limitations. The applicant was asked to obtain electrodiagnostic testing of the lower extremities to evaluate for possible tarsal tunnel syndrome. In a June 30, 2014 Medical-legal Evaluation, the applicant was placed off of work, on total temporary disability, by the Medical-legal evaluator.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy once a week for twelve weeks for the bilateral feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, 9792.20f Page(s): 99, 8.

**Decision rationale:** The 12-session course of treatment proposed represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has himself acknowledged that earlier conservative treatment, including earlier physical therapy, had proven unsuccessful. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.