

<b>Case Number:</b>	CM14-0179254		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 New York. 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 patient is 46-year-old. She has chronic foot pain. She has taken anti-inflammatory medication. She reports good relief with anti-inflammatory medicine. She's had difficulty with physical activity because of her foot pain. On physical examination there is no swelling of the foot and no atrophy present. There is no erythema. There is tenderness to palpation of the right plantar fascia. There is normal ankle range of motion and normal motor strength. The patient has a healing surgical scar over the right medial heel. The patient had extracorporeal shock wave therapy on July 15, 2014. She continues to have pain in her foot. At issue is whether additional postoperative physical therapy sessions are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: additional physical therapy 2 x 3 for 6 sessions, right foot:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS foot and ankle chapter

**Decision rationale:** This patient does not meet establish criteria for additional postoperative physical therapy at this time. The medical records do not document exactly how much physical therapy the patient has completed. There is no documentation of functional improvement with the physical therapy. Medical records do not adequately document, physical therapy and how much functional improvement the patient has had . Additional physical therapy cannot be recommended at this time. The criterion has not been met.