

Case Number:	CM14-0025362		
Date Assigned:	03/03/2014	Date of Injury:	07/02/2013
Decision Date:	07/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/16/2014

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 Internal 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:

This is a 57-year-old male with a 7/2/13 date of injury. He injured his right foot after slipping on an oily lift and felt two (2) pops in his right foot and ankle, followed by acute pain in the Achilles tendon. On 12/4/13, the patient was noted to have had surgical repair of the Achilles tendon approximately twenty (20) years before and developed a staph infection and since then has had intermittent problems since. On 2/11/14, the patient is noted to have continued right ankle pain. The objective findings include: well-healed scar over the right ankle, with tenderness in the plantar fascia. The range of motion (ROM) is restricted with dorsiflexion of 7 to 8 degrees and plantar flexion of 30 degrees. The Diagnostic Impression includes: Plantar Fascial Sprain. Treatment to date: medication management, physical therapy, immobilization. A utilization review (UR) decision dated 1/13/14 denied the request for physical therapy based on the fact that the CA MTUS does not address pre-surgical physical therapy for the diagnosis of plantar fascial sprain. The claimant is over five (5) months post-exacerbation of a pre-existing injury. The patient has already completed a brief course of physical therapy. There is no documentation of functional improvement from the prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pg 114; and the Official Disability Guidelines (ODG) Foot Chapter: Physical Therapy.

Decision rationale: The ACOEM Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The Official Disability Guidelines support up to six (6) sessions of physical therapy for plantar fasciitis. However, it is unclear how many sessions of physical therapy the patient has previously had. There is no documentation of functional improvement gained from the previous physical therapy sessions. In addition, this request is for eight (8) sessions of physical therapy, which would already exceed guideline recommendations. Therefore, the request is not medically necessary.