

Case Number:	CM14-0037272		
Date Assigned:	06/25/2014	Date of Injury:	09/24/2012
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 & Rehabilitation has a subspecialty in Pain Management 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 patient with a date of injury of September 24, 2012. A utilization review determination dated March 17, 2014 recommends noncertification for a physical therapy evaluation and additional physical therapy 18 visits for the right foot. Noncertification is recommended due to lack of documentation of subjective/objective functional benefit from prior physical therapy as well as a lack of clarity regarding how many previous physical therapy sessions have been provided. A physical therapy note dated January 22, 2014 indicates that 23 visits have been completed. Subjective complaints indicate that the patient has no symptoms with walking about 1 hour. The treatment plan recommends discontinuation of physical therapy after one additional visit. A physical therapy note dated January 23, 2014 indicates that 25 physical therapy visits have been completed. The treatment plan recommends 8 additional physical therapy sessions. A progress report dated April 10, 2014 identifies subjective complaints of right ankle and foot pain rated as 4/10, which has improved. The patient is attending physical therapy and has completed 3 sessions thus far that have helped to decrease his pain. Objective findings identified decreased range of motion with plantar flexion. Diagnoses include a status post right fasciotomy. The treatment plan recommends continued follow-up with the patient's podiatrist, continue therapy, and continue Ultram. A Qualified Medical Evaluation dated May 28, 2014 recommends future medical care including a custom molded foot orthotic, and podiatry consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy evaluation, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy, and recommends 6 visits over 4 weeks for plantar fasciitis. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the patient has already completed 25 therapy sessions, making it unclear why a new evaluation would be needed. As such, the current request for physical therapy evaluation is not medically necessary.

Additional physical therapy 2-3 times a week to right foot quantity 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot , Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy, and recommends 6 visits over 4 weeks for plantar fasciitis. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the patient has already completed 25 therapy sessions, which exceeds the maximum number recommended by guidelines for this diagnosis. As such, the current request for additional physical therapy is not medically necessary.

