

<b>Case Number:</b>	CM14-0039949		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/01/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Geriatrics 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 injured worker is a man with a date of injury of 6/1/06. Recent notes indicate that he had been seen for 8 physical therapy sessions as of 3/3/14 for plantar fasciitis and tarsal tunnel syndrome. He reported feeling the best he has felt in a long time and his physical exam noted an improvement in pain but ongoing soreness. He was able to demonstrate all functional testing but was limited in endurance, strength and flexibility. His diagnoses were plantar fasciitis, pain in limb and tarsal tunnel syndrome. There is an order for additional physical therapy to the right foot dated 3/12/14 by his podiatrist provider. At issue in this review is the request for additional physical therapy to the right foot at two times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

**Decision rationale:** In regards to this injured worker, physical therapy has already been used for 8 treatments as a modality and a self-directed home exercise program should be in place. He

had already made improvements with physical therapy and there is no medical provider physical exam included or visit from a medical provider included to substantiate the medical necessity for additional physical therapy visits in this individual with chronic foot pain. Therefore, Physical Therapy is not medically necessary and appropriate.