

Case Number:	CM14-0059443		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2013
Decision Date:	09/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Rehabilitation, 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 injured worker is a 41-year-old male who reported an injury on 06/29/2013 from a work-related injury. The injured worker had a history of right heel plantar fasciitis post release. The injured worker had a diagnosis of plantar fasciitis. Past treatment included physical therapy. Past surgical procedures included a right plantar fascia dated 12/26/2013. The objective findings dated 04/15/2014 revealed a slight limp with utilization of 1 cane wearing postoperative shoe. The dorsalis pedis and posterior tibia pulses were 2/4 bilaterally; warm to touch; vascular perfusion to all digits was noted to be satisfactory. The neurological examination revealed grossly intact to light touch sensation to all peripheral nerves; no neurological deficits were noted. The musculoskeletal examination revealed mild soreness on palpation of the plantar aspect of the right heel with a muscle strain to the dorsiflexion, plantarflexion, inversion, and eversion of 4/5. The range of motion was 15 degrees at the dorsiflexion and 15 degrees at the plantarflexion. No medications were noted. No VAS was noted. The treatment plan included 6 visits of physical therapy, return to work on 04/21/2014, and follow-up in 2 weeks. The request for authorization dated 04/29/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 to the right heel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

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

Decision rationale: MTUS Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The guidelines indicate that physical therapy is a pain treatment for the early phase of treatment. The documentation indicated that the injured worker had prior physical therapy; however, no documentation was submitted for review. The clinical notes were not evident of any special circumstances that warrant additional physical therapy. As such, the request is not medically necessary.