

Case Number:	CM14-0061671		
Date Assigned:	07/09/2014	Date of Injury:	08/19/2013
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 52-year-old that had a date of injury of 8/19/13. The patient reportedly dropped a 200-lb stack of sheet rock onto the dorsal aspect of the right foot. In a progress note dated 2/12/14 reported 30% improvement initially with a cortisone injection but slowly returning. A follow up progress note on 4/18/14 reported severe constant right foot pain with burning sensation and stretching effect to nonplantar surface, shooting in the right leg with burning, tingling, numbness and paresthesias. The pain is 5-7/10 there is shooting pain in the right leg all the way to the inner aspect of the right thigh with muscle spasm. Objective exam: diminished sensation to light touch along the medial and lateral border of the right leg, calf and foot, positive right-sided stretch test, localized tenderness on the mid-portion of the plantar surface of the right foot, 4+/5 strength of the right EHL, and plantar flexors, localized tenderness on the plantar surface of the right foot, positive tibial tarsal tunnel sign and muscle spasm on the inner aspect of the right thigh. EMG/NCV study of the lower extremities is reported as normal. MRI of the right foot is noted to be positive for plantar fasciitis. Diagnostic impression: right plantar fasciitis, right lumbar radiculitis and sciatica. Right foot crush injury and chronic myofascial pain syndrome. Treatment to date: cam walker boot, physical therapy stretching of the plantar fascia, Voltaren Gel, over-the-counter orthotics, medication management, TENS unit, custom orthotics, Mobic and right plantar fascia injection. A UR decision date 4/28/14 denied the request for Physical Therapy X6 for right foot for stretching of plantar fascia based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6x for right foot for stretching of plantar fascia; Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Ankle chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter: Physical Therapy Guidelines.

Decision rationale: CA MTUS stresses 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. ODG supports up to 6 sessions of physical therapy over 4 weeks for plantar fasciitis. The progress notes dated 4/2/14 stated progress/symptoms remain unchanged. This patient has already completed 12 sessions of physical therapy. An additional 6 sessions would equal 18 sessions, which would far exceed guidelines recommendations. It is unclear if the patient has been compliant with an independent home exercise program. Therefore, the request for Physical Therapy X6 for right foot for stretching for plantar fascia was not medically necessary.