

<b>Case Number:</b>	CM14-0076284		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/08/2000
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 51-year-old female who sustained injuries on May 8, 2000. On September 5, 2013, the injured worker complained of persistent low back pain with spasm from time to time that radiated to her calves. She also complained of ongoing pain in her lateral calves with numbness sensation in her great toes. She reported using a cane occasionally especially after doing housework or other repetitive activities that would flare her lumbar spine symptoms. She also noted that physical medicine helped break her pain cycle when medication did not. On examination, she stands with anterior analgic list unweighing the left lower extremity. Some muscle guarding was noted with palpation of the lumbar paravertebral muscles. Her lumbar range of motion was restricted. Motor strength of the great toes was decreased. Tenderness was present over the right sacroiliac, left sciatic notch, left iliotibial and lateral left ankle. Sensation was diminished over the great toe webs with Wartenberg pinwheel mapping. Fabere/Patrick's and Bragard's signs were positive. She returned on October 22, 2013 and complained of very tight low back pain and spasms with cramping sensation in the lateral aspect of the calves. She reported that she had attended only one physical medicine treatment which made her felt somewhat better and was able to sit comfortably and walk with less tension in the legs. Additional objective findings include muscle guarding over the paravertebral muscles and inability to hop because of extreme pain. Follow-up visit on December 17, 2013, the injured worker complained of persistent chronic low back pain, cramping in her right leg, and numbness in her left foot. She specified that her left leg pain was debilitating, often flaring her right leg. Her ability to perform activities of daily living was reduced. She reported that medication, exercises, and occasional physical medicine treatment seemed to keep her going. Subsequently, on February 11, 2014, the injured worker complained of cramping of calves, intermittent muscle spasm, and pain in her right great toe. She reported that her foot orthotics were breaking down

and digging into her feet. She also noted that stretching gave her some good functional support. There was no change in the physical examination. The injured worker was reevaluated on March 25, 2014 with complaint of pain in her thighs and that transition from seated to standing position causes flared-up pain. She reported that she has had flared back with episode of cramping and tingling sensation in her feet but resolved with stretching. She reported that her orthotics for her plantar fasciitis had broken down. Additional objective finding showed trace reflexes of the lower extremities. On May 20, 2014, the injured worker complained of intermittent back spasm and persistent pain depending on her level of activity. She indicated that she still had some antalgia and calf pain with waxing and waning on the left side but noted deep terrible pain that radiated to her left buttock. She reported doing quite well following treatment. She also complained of pain in her lateral calves and that her plantar fasciitis was acting up. She noted that her orthotics were cracked resulting to pinching of her skin with every step. Objective findings remained the same.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) new orthotic:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The treating physician specified that plantar fasciitis is part of the injured worker's work-related injury and that use of orthotics was indicated in the Permanent and Stationary report. However, there were no objective findings to support diagnosis of plantar fasciitis. Moreover, the specified Permanent and Stationary report was not included in the medical records provided. Therefore, the request for one new orthotic is not medically necessary if the sole reason is flared-up plantar fasciitis without consistent abnormal objective findings.

**Six (6) Physical Medicine treatment sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Progress reports did not show specific measurable gains. According to progress report dated September 5, 2013, the injured worker was authorized with six physical medicine treatments on August 5, 2013. Follow-up on October 22, 2013 showed that the injured worker had attended one physical medicine treatment, which made her felt somewhat better and had enable her to sit comfortably and walk with less tension in the legs. From December 2013 to

May 2014, the injured worker simply noted that occasional physical medicine treatment was helpful. Documentation of objective and comparative assessment of the injured worker's response to treatment as well as the quantity of physical medicine treatment that the injured worker had completed to date are required in the determination of continued care. Furthermore, there was no indication that the injured worker cannot resolve her symptoms with home exercise program. Therefore, without the needed relevant information, the request for six sessions of physical medicine treatment is not medically necessary.