

Case Number:	CM14-0079675		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2010
Decision Date:	08/26/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 06/04/2010. The mechanism of injury was noted to be continuous trauma. She was diagnosed with bilateral plantar fasciitis, left greater than right. Her past treatments were noted to include medications, physical therapy, cortisone injections, use of orthotics, and a previous right foot surgery in 2011. On 04/21/2014, the injured worker presented with complaints of continued left foot pain. Her physical examination was noted to reveal continued pain with heel walking, heel standing, squatting, and crouching on the left side. The treatment plan included surgical intervention to the left foot to include plantar fasciectomy secondary to the failure of conservative treatment. The Request for Authorization form was submitted on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy 3 X 4 (12 sessions) Left Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle-Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & foot, Plantar Fasciitis.

Decision rationale: The request is not medically necessary. According to the Official Disability Guidelines, physical therapy in the treatment of plantar fasciitis is recommended up to 6 visits over 4 weeks. The clinical information submitted for review indicated that the injured worker's treatment plan included a plantar fasciectomy of the left foot. While physical therapy would be supported following the surgical procedure, sufficient documentation showing that the injured worker has undergone the surgical procedure or been approved for it was not provided. In the absence of this documentation, the request for postoperative physical therapy is not supported. In addition, the request for 12 sessions exceeds the guideline's recommendation of 6 visits and there were no documented exceptional factors to warrant exception to the guideline. For the reasons noted above, the request is not medically necessary.