

<b>Case Number:</b>	CM13-0028189		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Texas, California  
Certification(s)/Specialty: Family Practice

### 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 55 year old female with a date of injury of October 12, 2011. The mechanism of injury is unknown. Patient sustained the injury due to cumulative trauma. More current diagnoses include left knee internal derangement and lumbar myofascial pain. On July 15, 2013, she underwent left foot plantar fasciotomy with excision of heel spur for chronic left foot plantar fasciitis. On August 19, 2013, she complained of left foot/heel pain rated a 6 on a 1-10 pain scale, increasing left knee pain rated an 8 on the pain scale, right knee pain rated a 5 on the pain scale, low back pain rated a 5 on the pain scale and unchanged right foot pain. Physical examination revealed a well healed incision of the left foot without signs of infection. There was tenderness of the left knee greatest at medial aspect. There was a positive McMurray's medially. Spasm of the calf musculature was noted and musculature of the foot was decreased. Her gait was noted to be more brisk at time of evaluation. The detailed examination of the left foot was not specified in the records provided. The injured worker noted that her medication decreased the pain resulting in improved function and a greater level of activity. Activities of daily living maintained with medication included grocery shopping, bathing, grooming and daily household duties. She reported greater adherence to physical methods including exercise and healthy activity level. Patient has received an unspecified number of PT visits for this injury. The current medication list was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY 3 TIMES A WEEK TIMES 4 WEEKS FOR THE 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), Forearm, Wrist & Hand

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy - Post-Surgical Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR Â,Â§ 9792.24. 3), Ankle and Foot., page page 98.

**Decision rationale:** Request: POST-OP PHYSICAL THERAPY 3 TIMES A WEEK TIMES 4 WEEKS FOR THE LEFT FOOT On July 15, 2013, she underwent left foot plantar fasciotomy with excision of heel spur for chronic left foot plantar fasciitis. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A recent detailed examination of the left foot was not specified in the records provided. The patient has already passed the post surgical period Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for APOST-OP PHYSICAL THERAPY 3 TIMES A WEEK TIMES 4 WEEKS FOR THE LEFT FOOT is not fully established for this patient.