

Case Number:	CM14-0184837		
Date Assigned:	11/12/2014	Date of Injury:	11/15/2010
Decision Date:	03/19/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old male with an industrial injury dated 10/15/10. His diagnoses included bilateral plantar fascial fibromatosis. Recent diagnostic testing was not submitted or discussed. He had been treated with bilateral plantar fascia release (10/31/2013), decompression of plantar fascia (04/03/2014) and physical therapy which the injured worker was noted to be currently attending. Post-operative conservative treatment had included custom orthotics. In a progress note dated 10/07/2014, the treating physician reported bilateral plantar fascia release follow-up with no specific complaints. The injured worker was weight bearing as tolerated and walking about 30 minutes per day. The recent request for physical therapy was cut in half and approved for 6 visits. Physical exam documented healed incisions, intact plantar fascia bilaterally, increase in motion, and ankle dorsiflexion. The treating physician was appealing the request for 12 physical therapy visits which was cut to 6 by utilization review. On 10/23/2014, Utilization Review non-certified a request for physical therapy 12 visits (2 times a week for 6 weeks) to the bilateral feet, noting the limited evidence of objective functional improvement or gains. The MTUS and ODG Guidelines were cited. On 11/06/2014, the injured worker submitted an application for IMR for review of physical therapy 12 visits (2 times a week for 6 weeks) to the bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for a total of 12 visits for the bilateral feet:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction, Physical Medicine Page(s): 9, 98-99.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines generally support do not apply to this case as the post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient was 6 months status post plantar fascial release. Records indicated that the patient had attended post-op physical therapy, and was currently approved for 6 visits. There was no specific functional deficit or treatment plan documented to be addressed by physical therapy. There was no indication that the patient would be unable to transition to a home exercise program at the completion of currently approved treatment. There was no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request for physical therapy 2 times a week for 6 weeks, for a total of 12 visits, for the bilateral feet, is not medically necessary.