

Case Number:	CM14-0190687		
Date Assigned:	11/24/2014	Date of Injury:	06/21/2005
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female who reported a work related injury on June 21, 2005 to the right elbow, feet and back. The injured worker worked in the grocery industry as a retail clerk. No mechanism of injury was provided. Work status is permanent and stable. A progress report dated January 24, 2010 notes that the injured worker had undergone multiple surgeries including a left total knee replacement in October of 2009, surgery on the right foot in March of 2009 and the left foot in September of 2009. The injured worker received physical therapy at that time but continued to have high levels of pain. She also underwent a left wrist repair with plastic plate placement in 2010. Extensive workups were performed including nerve conduction studies and conservative care. A recent progress report dated October 16, 2014 notes the injured worker complained of bilateral heel pain and difficulty walking. There was also occasional cramping of the calf and planter arch muscles. Diagnosis was chronic planter fasciitis, post-surgical and conservative care bilaterally. Medications prescribed included Celebrex for general arthritis and degenerative disc disease pain. Physical examination showed general average pain to the back, hips and knees with no changes in strength or endurance. Examination of the feet revealed pain to the medial planter calcaneus just planter to the incisions bilaterally. Manual muscle testing was intact in all direction for the feet bilaterally. A recent ultrasound of the bilateral planter heels showed increased thickness and diffuse hypoechoic signal of planter fascia at the calcaneal origin. There was no evidence of a tear or fracture. Plan of care included physical therapy. There is no documentation of recent physical therapy visits submitted for review. The treating physician requested physical therapy to the bilateral feet times twelve visits. Utilization Review evaluated and modified the request for physical therapy visits on October 29, 2014. Utilization Review modified the request for physical therapy visits due to MTUS Chronic Pain Medical

Treatment Guidelines which recommend a limited amount of physical therapy for musculoskeletal injuries with transition to a home exercise program as part of a self-management program. The request was modified for review of a home program for bilateral fasciitis. An 11/16/14 progress note indicates that the patient had 3 physical therapy sessions and it made her feet hurt more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to bilateral feet QTY #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines physical medicine Page(s): 7 and 98-99.

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

Decision rationale: Physical Therapy to bilateral feet QTY #12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior physical therapy for the feet. There are no objective progress notes from therapy of these visits and the outcome. There are no extenuating factors that would require exceeding the guideline recommendations of 10 visits. An 11/16/14 document indicates that 3 sessions of PT for her feet increased her pain. The request for 12 physical therapy sessions for the bilateral feet are not medically necessary.