

<b>Case Number:</b>	CM14-0193589		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Family Practice, 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:

This is a 47 year old female who suffered a work related injury on 11/14/2001. A physician note dated 10/20/2014 documents she complains of pain in her left heel, which started 11 weeks ago and which has been progressive in nature and constant. There is post static dyskinesia associated with the pain, and it is sharp, and is constant throughout the day at a level of 8 out of ten, and level 4 with non-weight bearing. Previous treatment has consisted of orthotics, 3 previous cortisone injections, splinting and medications. On 10/13/2014 a Magnetic Resonance Imaging revealed chronic plantar fasciitis without rupture. Treatment requested is for physical therapy three times a week for 6 weeks to the left heel. The Utilization Review done on 10/27/20-14 non-certifies the request for physical therapy three times a week for six weeks to the left heel citing Chronic Pain Medical Treatment Guidelines-Physical Medicine, and Official Disability Guidelines, Treatment in Worker's Compensation. The Utilization Review documents the injured worker has had physical therapy in the past, and it is felt she should be independent in a well-established home exercise program to address the ongoing symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for six weeks to the left heel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Ankle & Foot Procedure Summary (updated 7/29/14)

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, there is no indication that the claimant cannot perform exercises at home. The amount of therapy requested exceed that of the guidelines. The 18 sessions of physical therapy are not medically necessary.