

<b>Case Number:</b>	CM15-0102025		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/24/2000
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California  
Certification(s)/Specialty: Emergency Medicine

### 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 55 year old male who sustained an industrial injury to his feet on 10/24/2000 from prolonged standing and walking. The injured worker was diagnosed with pes planus and plantar fasciitis of the bilateral feet. Treatment to date was documented as custom orthotics bilaterally. According to the primary treating physician's progress report on April 23, 2015, the injured worker continues to experience progressive pain over the past month to both feet. Examination demonstrated dorsiflexion at 20 degrees, plantar flexion at 50 degrees, inversion at 30 degrees, and eversion at 20 degrees, negative swelling and negative anterior drawer test. Tenderness to palpation of the bilateral arches and the plantar fascia attachment of the distal calcaneus, right greater than left, and a positive metatarsal compression test bilaterally was documented. Current medications are listed as Naproxen and Omeprazole. Treatment plan consists of bilateral night splints, oral medication, topical analgesics and the current request for 8 physical therapy sessions for the bilateral feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions for the bilateral feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-59 of 127.

**Decision rationale:** The patient sustained an injury in October of 2000. He was diagnosed with pes planus and plantar fasciitis of his feet bilaterally. He has been treated with custom orthotics as well as medications due to chronic pain. The MTUS guidelines do make specific recommendations regarding the appropriate use of physical therapy and passive manipulation. With regards to ankle and foot complaints, it is not advised. Active in home therapy is superior to passive manipulation and is associated with better clinical outcomes. The request is not medically necessary.