

<b>Case Number:</b>	CM15-0144198		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old male with a June 14, 2014 date of injury. A progress note dated June 19, 2015 documents objective findings (tenderness in the cervical paravertebral muscles and upper trapezius region; decreased and painful range of motion of the cervical spine; no abnormal findings upon examination of the bilateral shoulders, elbows, wrists, or hands; antalgic gait; limp present on the left; moderate tenderness in the lumbar paravertebral muscles; slight spasm of the lumbar paravertebral muscles; decreased and painful range of motion of the lumbar spine; positive straight leg raising test on the left; decreased range of motion of the left knee; medial joint line tenderness of the left knee; positive McMurray's and Slocum's test on the left; decreased sensation at S1 on the left), and current diagnoses (cervical spine myoligamentous sprain or strain; lumbar spine myoligamentous sprain or strain; left knee sprain, posttraumatic patellofemoral syndrome; left foot plantar fasciitis). Subjective complaints were not documented for this date of service. Treatments to date have included physical therapy, imaging studies, electrodiagnostic testing; chiropractic treatment, and medications. The treating physician documented a plan of care that included eight sessions of physical therapy for the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PT Sessions Left Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The patient presents with left heel pain that radiates to the toes. The current request is for 8 session of physical therapy for the left foot. Patient has previously completed 9 sessions of physical therapy for the left foot. The treating physician's rational for continued physical therapy was not submitted for review. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines 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. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.