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| Case Number: | CM15-0164882 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 02/01/2011 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/23/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 41 year old male who sustained an industrial injury on 02/01/2011. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having bilateral plantar fasciitis. Treatment to date has included stretching exercises at home. Currently, the injured worker complains of bilateral foot pain on a daily basis that fluctuates in severity along the heel and diffusely through the arch. On exam, there is no soft tissue swelling, the feet are neurovascularly intact and he has full ankle and hindfoot range of motion and strength. There was focal tenderness to palpation over the plantar fascia and the origin of the heel. The remainder of the forefoot, midfoot, hind foot and ankle are non-tender. The plan of care is for physical therapy to provide long-term pain relief. Weight loss is encouraged. A request for authorization was submitted for Physical therapy 1xwk x 12 wks. Bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1xwk x 12 wks Bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for bilateral foot pain with a diagnosis of plantar fasciitis. When seen, silicone heel inserts had not been helpful. He had not returned to work. Physical examination findings included focal tenderness at the origin of the plantar fascia with distal tenderness along the fascia itself. Being requested is 12 sessions of physical therapy. In terms of physical therapy for this condition, guidelines recommend up to 6 treatment sessions over 4 weeks. In this case, the number of visits requested is in excess of that recommended or what might be needed to establish an effective home exercise program. The request is not medically necessary.