

Case Number:	CM15-0199863		
Date Assigned:	10/15/2015	Date of Injury:	12/09/1997
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 47 year old female, who sustained an industrial injury on 12-09-1997. The injured worker was diagnosed as having status post planter fascia release of the right foot. On medical records dated 04-15-2015 and 06-30-2015, the subjective complaints were noted as bilateral foot pain. The injured worker was noted to attempt to walk daily to increase her ability to bear weight on the right foot. Objective findings were noted as right foot revealing a well healed hypertrophic scar on aspect of the right foot, pain to palpation and hypersensitivity was present on her right foot. Treatments to date included plantar fascia release-fasciotomy of the right foot on 03-27-2015. As of 06-30-2015 the injured worker has not undergone physical therapy. Current medications were not listed on 06-30-2015. The Utilization Review (UR) was dated 09-23-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for post-operative physical therapy 3 times a week for 6 weeks (18 sessions) for the right foot was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 6 weeks (18 sessions) for the right foot:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: According to CA MTUS Ankle and Foot Postsurgical Treatment Guidelines, pages 12-14, frequency and duration for ankle and foot surgeries are recommended as follows: Entesopathy of ankle and tarsus (ICD9 726.7): Postsurgical treatment: 9 visits over 8 weeks, Postsurgical physical medicine treatment period: 4 months ODG Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Plantar Fasciitis: Medical treatment: 6 visits over 4 weeks. Post-surgical treatment: 10 visits over 5 weeks. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the claimant, according to the documentation has not performed any physical therapy post-operatively even though the plantar fascia release was performed on 3/27/15. The request for therapy for the diagnosed condition has exceeded the maximum amount of visits allowed. Therefore the request is not medically necessary.