

<b>Case Number:</b>	CM15-0199981		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

The injured worker is a 36 year old male, who sustained an industrial-work injury on 11-8-13. He reported initial complaints of left foot pain. The injured worker was diagnosed as having myalgia and myositis and left foot plantar fasciitis, and fibromatosis. Treatment to date has included medication, 6 sessions of physical therapy, foot orthotic, and diagnostics. Currently, the injured worker complains of foot pain rated 5-6 out of 10. Medication included Anaprox. He had one injection only that helped. Per the primary physician's progress report (PR-2) on 9-8-15, foot pain persisted with follow up visit. Pain remained to be 5-6 out of 10 and diagnosis was plantar fasciitis. New orthotic was needed. Current plan of care includes physical therapy. The Request for Authorization requested service to include Physical therapy 2 times a week x 6weeks left foot. The Utilization Review on 9-15-15 denied the request for Physical therapy 2 times a week x 6weeks left foot, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week x 6weeks left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with foot pain rated 5-6 out of 10. The current request is for Physical Therapy 2 times a week x 6 weeks left foot. The treating physician states, in a report dated 09/14/15, "Requesting for Physical Therapy 2x/Week x6/Weeks Left Foot." (15B) The patient had 6 authorized sessions of physical therapy with no documentation of functional improvement. (15B) The MTUS guidelines state, "For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended." In this case, the treating physician, based on the records available for review, has noted 6 completed PT visits with no functional improvement noted, and fails to show evidence of new injury, or explain why the patient cannot transition to a home care program. The current request for 12 additional PT sessions exceeds the MTUS recommendation of 8-10 sessions. The current request is not medically necessary.