

<b>Case Number:</b>	CM15-0203453		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 44 year old female injured worker suffered an industrial injury on 7-13-2010. The diagnoses included plantar fasciitis. On 6-25-2015, the treating provider reported that her heels feel better and had lots of pain after surgery to the right and left heels. She continued home exercise and stretches and used orthotics, which helped decrease the pain. On exam, there was pain of the right plantar fascia and pain of the left gastrocnemius muscle and plantar fascia. Some of the provider handwritten notes were difficult to decipher. Request for Authorization date was 8-26-2015. The Utilization Review on 9-18-2015 determined modification for Physical therapy 2 times a week for 10 weeks to 6 sessions.

### 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 for 10 weeks: 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:** Review indicates the patient has had extensive therapy with continued treatment for ongoing symptom complaints for this chronic 2010 injury. The patient has received previous massage therapy, PT, and acupuncture in 2013 and 2014. Extracorporeal shockwave therapy was certified on 3/11/15 and progress report of 6/25/15 noted the patient doing better since procedure, but with some pain. There are no ADL limitations or specific neurological deficits identified to support for the 20 post procedure PT visits; however, peer review had modified the request for 6 visits to re-educate and transition on a home exercise program. Reports submitted had no focal neurological deficits or ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions including recent 6 sessions without demonstrated necessity or indication to allow for additional therapy treatments beyond guideline criteria that would total 20 sessions. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that should have been transitioned to an independent home exercise program. Submitted reports have not adequately demonstrated the indication to support for the physical therapy. The physical therapy 2 times a week for 10 weeks is not medically necessary and appropriate.