

Case Number:	CM15-0208097		
Date Assigned:	10/27/2015	Date of Injury:	05/16/2013
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 58-year-old female who sustained an industrial injury on 5-16-13. A review of the medical records indicates she is undergoing treatment for bilateral shoulder tendinitis, bilateral shoulder impingement, bilateral acromioclavicular cartilage disorder, bilateral acromial-subdeltoid bursitis, bilateral bicipital tendinitis, cervicgia, lumbago, plantar fasciitis, multilevel neuroforaminal narrowing at L4-L5 and L5-S1, and multilevel disc protrusion at C3- C4, C5-C6, and C6-C7 with neuroforaminal narrowing. Medical records (5-27-15, 9-21-15) indicate complaints of pain in bilateral feet. The 5-27-15 record indicates that the pain is rated "8 out of 10" and are "swollen with hot sensations". The 9-21-15 indicates that the pain is "heel" pain. The 9-21-15 record indicates that she has been using "orthotic devices", as well as Voltaren gel. The treating provider indicates "direct pain" on palpation along the medial and plantar aspect of each heel. The record indicates that she has completed physical therapy. However, the number of sessions completed is not indicated. Treatment recommendations are for physical therapy. The treating provider states that she "still has some pain that can be helped with this particular treatment". The injured worker is not working. The utilization review (10-5-15) includes a request for authorization of physical therapy 2 times a week for 6 weeks to bilateral feet. The request was modified to 1 time a week for 4 weeks to bilateral feet.

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 6 weeks of bilateral feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Summary.

Decision rationale: The MTUS ACOEM Guidelines state that conservative measures may be implemented to help treat plantar fasciitis such as heel donuts, orthotics, stretches, range of motion exercises, NSAIDs, night splints, and soft supportive shoes. Passive physical therapy, on the other hand, is listed as not recommended for plantar fasciitis unless short-term instruction is needed for implementing stretches and exercises at home. In the case of this worker, there was record of already having physical therapy for her heel pain, although it is not clear as to how many sessions were attended and if the worker was currently doing exercises/stretchers or not. In addition, there was no indication that more instruction was needed. Therefore, according to the notes provided, additional physical therapy (supervised) does not seem warranted or medically necessary.