

Case Number:	CM15-0033160		
Date Assigned:	02/26/2015	Date of Injury:	02/26/2014
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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 injured worker is a 40 year old female, who sustained an industrial injury on 2/26/2014. She was diagnosed as having plantar fasciitis and right foot sprain with radiculopathy. Treatment to date has included medications, orthotics and physical therapy. Per the Primary Treating Physician's Progress Report dated 11/03/2014, the injured worker reported continued pain to both feet. She complains of pain and swelling and a burning sensation that radiates into her legs. Physical examination revealed pain with palpation to the plantar right heel. She has pain with range of motion to the right foot. Straight leg raise test is positive. The plan of care included additional physical therapy for the right foot and ankle (2x4), and a second pair of orthotics. On 2/04/2015, authorization was requested for physical therapy (2x4) for the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 for the right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot regarding Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 02/04/2015 report, this patient presents with right foot pain at the plantar right heel. The current request is for Physical therapy 2x4 for the right foot. The request for authorization is not included in the file for review. The patient's work status is not able to return to work because the school cannot accommodate her restrictions. The Utilization Review denial letter state "The patient had already completed the criteria-supported number of PT sessions and there are no findings sufficient to warrant more formal PT". For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records show no documentation that the patient is in a post-operative time frame regarding physical therapy for the right foot. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The 11/03/2014, 11/24/2014, 01/03/2015 and 02/03/2015 reports indicates the treating physician continued to requests for additional physical therapy for the foot without discussing the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.