

<b>Case Number:</b>	CM15-0033700		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 45-year-old male who reported an injury on 12/29/2011. The mechanism of injury involved repetitive activity. The current diagnoses include chronic pain syndrome, insomnia, and plantar fasciitis. The injured worker presented on 12/11/2014 for a new patient consultation. It was noted the injured worker was previously treated with cortisone injections to the bilateral feet without relief of symptoms. The injured worker was also utilizing ibuprofen 600 mg, 2 to 3 times per day, as well as Tylenol on an as needed basis for pain. The injured worker noted that he had not been through any type of physical therapy or acupuncture treatments. Upon examination, there was tightness of the calf muscle, diffuse tenderness to palpation in the heels, significant Achilles and gastrocnemius tightness, normal range of motion, and intact sensation. Recommendations at that time included physical therapy and massage therapy. The injured worker was also issues prescriptions for Norco 5/325 mg, trazodone 50 mg, and naproxen 550 mg. A Request for Authorization form was submitted on 01/12/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice a week for four weeks for both feet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot/Physical Therapy.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation provided, the injured worker had normal range of motion of the bilateral feet upon examination. There was no documentation of a significant functional limitation. Strength was noted to be within normal limits as well. The medical necessity for skilled physical medicine treatment has not been established in this case. As such, the request is not medically appropriate at this time.