

Case Number:	CM15-0089710		
Date Assigned:	05/14/2015	Date of Injury:	02/28/2001
Decision Date:	06/23/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/11/2015

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 56 year old female, who sustained an industrial injury on February 28, 2001. The injured worker was diagnosed as having acute and chronic right foot plantar fasciitis, subjective left foot plantar fasciitis, equinus contracture and calcaneal spur right side. Treatment and diagnostic studies to date have included injections, splinting, immobilization, orthotics and fasciotomy. A progress note dated March 4, 2015 provides the injured worker complains of bilateral heel pain that is worsening. Physical exam notes tenderness on palpation of right plantar fascia. Weight bearing is differed due to severe right heel pain with weight bearing. X-rays were reviewed. The plan includes physical therapy, x-rays, night splint, injection, orthotics and hiking shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 Times A Week for 6-8 Weeks Bilateral Feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with diagnoses as having acute and chronic right foot planter fasciitis, subjective left foot plantar fasciitis, equinus contracture and calcaneal spur right side. The patient currently complains of bilateral heel pain that is worsening. The current request is for Physical therapy 2-3 times a week for 6-8 weeks, bilateral feet. The treating physician report dated 3/4/15 (22B) indicates that the patient has bilateral heel pain right more than left, that the patient has been wearing orthotics, she has been limping secondary to right heel pain and that the patient denies any new injury. The clinic history documents that the goal of the requested 24 sessions of physical therapy are to increase ROM, strengthening, decrease swelling, stretching, deep friction mobilization, cold laser, eval & treat for B/L planter fasciitis, equinus. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the clinical history documents that the patient has completed at least 8 physical therapy visits and was discharged from PT on 12/5/14. The limited clinical documentation offers no indication as to the patient's functional improvements, if any, from the prior physical therapy. Thus, the request for 24 additional sessions exceeds what MTUS Guidelines recommend for this type of condition. Additionally, the request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for denial. The treatment is not medically necessary.