

Case Number:	CM14-0165509		
Date Assigned:	10/10/2014	Date of Injury:	12/06/2010
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old female with a 12/6/10 date of injury, and right foot plantar fascial release on 5/23/14 and ankle repair and debridement on 5/24/14. At the time (9/2/14) of request for authorization for physical therapy, there is documentation of subjective (right foot pain) and objective (clean, dry and intact surgical site and no infection noted) findings, current diagnoses (tear of plantar fasciitis), and treatment to date (medications and previous physical therapy treatments). Medical reports identify that the requested number of treatments is 18. The number of previous physical therapy treatments cannot be determined. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 34 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of tear of plantar fasciitis. In addition, there is documentation of right foot plantar fascial release on 5/23/14 and ankle repair and debridement on 5/24/14. Furthermore, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy is not medically necessary.