

Case Number:	CM14-0092885		
Date Assigned:	07/25/2014	Date of Injury:	01/06/2011
Decision Date:	10/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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:

The patient is a 63-year-old male who has submitted a claim for plantar fasciitis associated with an industrial injury date of 01/06/2011. Medical records from 2013 to 2014 were reviewed. The patient complained of severe right ankle pain. Physical examination revealed severe pain in the right ankle and right plantar fascial pain upon palpation. Range of motion is normal. Treatment to date has included oral analgesics. Utilization review from 05/30/2014 modified and approved the request for gait training for the right foot x6 because it is considered a physical therapy modality. Patient has been diagnosed with Plantar Fasciitis, where physical treatment of 6 visits over 4 weeks is recommended. The request for gait training for the right foot x6 was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gait Training for the right foot, duration unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Plantar Fasciitis

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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 ODG, recommended quantity and duration for physical therapy for Plantar Fasciitis is 6 visits over 4 weeks. In this case, the patient has been complaining of pain at the right ankle. Physical exam revealed right plantar fascial pain. Patient was diagnosed with Plantar Fasciitis. Physical therapy in this case is indicated. However, the request failed to specify number of therapy sessions. Therefore, the request for gait training for the right foot (duration unspecified) is not medically necessary.