

Case Number:	CM15-0011346		
Date Assigned:	01/28/2015	Date of Injury:	07/04/2010
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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 63 year old female, who sustained an industrial injury on 7/4/2010. On 1/21/15, the injured worker submitted an application for IMR for review of Physical therapy 6 sessions, left foot. The treating provider has reported the injured worker complained of residual numbness and radiation in right ankle; also noting into buttock and low back region status post foot surgery &/16/14. The diagnoses have included plantar fasciitis, tarsal tunnel syndrome, and sciatica. Treatment to date has included post surgery for tarsal tunnel release, medial/lateral plantar neurolysis, heel spur resection, and plantar fascia release for left foot (7/16/14), physical therapy. On 1/5/15 Utilization Review non-certified Physical therapy 6 sessions, left foot. The ODG Guidelines were cited using 11 Edition (web) 2014, Ankle and Foot/Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions, left 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 (ODG), Treatment Index, 11th edition (web), 2014, Ankle and foot/ Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle & Foot (Acute & Chronic) Chapter under Physical therapy (PT)

Decision rationale: Based on 12/09/14 progress report provided by treating physician, the patient presents with residual numbness and radiation in right ankle; also noting into buttock and low back region. The request is for PHYSICAL THERAPY 6 SESSIONS, LEFT FOOT. The patient is status post left foot surgery on 07/16/14 per operative report. Patient's diagnosis per Request for Authorization form dated 12/17/14 included tarsal tunnel syndrome. The patient is working as a security guard. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter under Physical therapy (PT) states: "ODG Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Tarsal tunnel syndrome (ICD9 355.5) Medical treatment: 10 visits over 5 weeks Post-surgical treatment: 10 visits over 5 weeks" MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient is no longer within post-operative treatment period. Treater states in progress report dated 02/16/15 "patient here for bilateral foot pain told she has bone spurs left more painful than the right says she got from standing at work doesn't want any injections due to kidney. All day especially in the morning." The patient is working as a security guard, which shows functional improvement, and a short course of physical therapy would be indicated by guidelines. However, per progress report dated 02/06/15, the patient has had 15 physical therapy visits. The additional 6 visits would exceed what is recommended by guidelines for the patient's condition. Therefore, the request IS NOT medically necessary.