

<b>Case Number:</b>	CM15-0114648		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old female, who sustained an industrial injury on December 6, 2013 while working as a clothing inspector. The mechanism of injury was cumulative trauma while doing usual and customary duties. The injured worker has been treated for left ankle and bilateral foot complaints. The diagnoses have included bilateral planter fasciitis, pain in the joint of the ankle/foot, Achilles tenosynovitis, Haglund's deformity, calcaneal spur and a painful gait. Treatment to date has included medications, radiological studies, orthotics, injections and physical therapy. Current documentation dated April 20, 2015 notes that the injured worker reported constant severe bilateral planter fascia pain. The pain was rated an eight out of ten on the visual analogue scale. Examination of the injured workers feet revealed planter fasciitis pain, greater on the left foot than the right. The injured worker was noted to not have shown any interval improvement. She also was noted to have difficulty with gait. Deep tendon reflexes for the Achilles and patellar tendons were 2+/4. The treating physician recommended surgical intervention. The treating physician's plan of care included a request for post-operative physical therapy sessions #12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op Physical therapy 3 x 4 sessions:** 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), Foot and ankle - Physical therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2013 and continues to be treated for foot pain with a diagnosis of plantar fasciitis. When seen, extensive conservative treatments had included injections, orthotics, medications, night splinting, and physical therapy without improvement. Plantar fascia release surgery was planned bilaterally with the left side treated first and then the right. Authorization for 12 postoperative physical therapy treatments was requested. Guidelines recommend up to 10 treatment sessions over five weeks after the proposed surgery. In this case, the request is in excess of that recommendation. Additionally, the claimant has already had extensive physical therapy and the therapeutic content following this surgery would be similar. Even with bilateral surgery being planned, requesting this number of treatments without the claimant having undergone the first procedure is not medically necessary or appropriate.