

<b>Case Number:</b>	CM15-0115518		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Maryland

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

### 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 47 year old female, who sustained an industrial injury on 2/03/2014. Diagnoses include chronic pain syndrome, bilateral plantar fasciitis, and bilateral tarsal tunnel syndrome with chronic neuropathic pain in both legs. She has also had previous lumbar surgery for scoliosis in the distant past and history of chemotherapy for which she is on Tamoxifen. Treatment to date has included physical therapy, injections, TENS unit, medications, massage and chiropractic care. Per the Doctor's First Report of Occupational Injury or Illness dated 5/14/2015, the injured worker reported pain in the bilateral feet, shins, calves and low back. Physical examination of the lower extremities revealed tenderness over the medial ankle, heel, foot and plantar fascia bilaterally with good range of motion upon dorsiflexion 15 degrees, plantar flexion 40 degrees, inversion 30 degrees and eversion 0 degrees. There was a positive Tinel's sign over the tarsal tunnel radiating symptoms into the big toe bilaterally. The plan of care included, and authorization was requested, for cognitive behavioral therapy evaluation x 4 and physical therapy (2x3) for the bilateral feet and ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x wk x 3 wks, bilateral feet and ankles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** Physical therapy 2-x wk x 3 wks, bilateral feet and ankles is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior PT with objective evidence of functional improvement. The documentation states that the patient had a positive response from prior PT; however, the documentation does not indicate therapy visit notes with evidence of functional improvement. Without clarification of this information, the request for physical therapy is not medically necessary.