MAXIMUS Federal Services

Case Number:	CM15-0117147		
Date Assigned:	06/25/2015	Date of Injury:	09/15/2013
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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, New York
Certification(s)/Specialty: Podiatrist

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 54-year-old man who was presented for evaluation and treatment of an industrial/work-related injury on 9/15/13, all consequent to sustained work-related trauma. The chief complaint included bilateral "foot and ankle" pain, difficulty standing and walking. The injured worker was diagnosed as having bilateral plantar fasciitis, tenosynovitis, metatarsalgia, and painful gait. Diagnostic study revealed normal foot imaging. MRI revealed a lumbar stenosis with nerve root impingement and evidence of lumbar radiculopathy. The patient is a known diabetic with neuropathic changes and cardiovascular compromise. Treatment to date has included medication, night splint, physical medicine, and chiropractic and podiatry consultation. Podiatric management included a local deposition of medications to the affected region of the right foot, with no significant relief of symptoms reported post-procedure. Currently, the injured worker complains of chronic pain with weight bearing and ambulation, with difficulty walking and standing. The patient is consistently reported to be in no acute distress. The pain is at the plantar fascia, bilateral with palpation, and the right foot being consistently more painful than the left foot. The given reported review of systems is unchanged throughout the record. The record consistently reveals pulses are 2+/4, normal skin temperature, normal skin condition, intact sensation, intact deep tendon reflexes, no neurological deficits, + 5/5 muscle strength, with a limited normal range of motion in the feet and ankles, chronic pain, symptomatic plantar fascia of the right foot and impaired gait. The requested treatment is for: physical therapy, bilateral foot, at a frequency of 2 visits per week, for a period of six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral feet, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints, Chronic Pain and Medical treatment Guidelines Page(s): Ankle and Foot Complaints Pages: 361-386. Chronic Pain and Medical treatment Guidelines, page: 58.

Decision rationale: The patient underwent multiple sessions of active physical therapy for foot and ankle treatment, with no noted improvement in function or pain relief. There is no evidence in the record indicating a functional/structural deficit that necessitates supervised therapy. Per the MTUS Chronic Pain and Medical treatment Guidelines, page 58, continued physical therapy is not recommended. As per the MTUS Ankle and Foot Complaint Guidelines, pages 361 to 386, there is no presented indication to support continued physical therapy. The request for continued physical therapy is not supported by evidence of medical necessity and is not medically necessary.