

<b>Case Number:</b>	CM15-0175946		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 43-year-old, female who sustained a work related injury on 1-29-14. The diagnoses have included plantar fasciitis and tarsal tunnel syndrome. Treatments have included modified custom fit orthotics, oral medications, ice therapy, rest, elevation of feet and home exercises. Previous medications include Neurontin. In the progress notes dated 8-14-15, the injured worker reports feet continue to be "somewhat" painful. She rates her pain level a 7 out of 10. She is not limping. Upon physical exam, she has "exquisite" tenderness to palpation of the plantar fascia at the forefoot of both feet. She is visually affected and in pain with palpation of both feet. She has tenderness to palpation of the right second metatarsal head, to the tarsometatarsal joints distally centrally to both feet and tender to palpation to the plantar central aspect of the plantar fascia. EMG-NCV studies of bilateral lower extremities are normal. MRI of right foot dated 7-1-15 reveals "mild tendinosis of the peroneus longus tendon." She is currently working full time. The treatment plan includes physical therapy to both feet. In the Utilization Review, dated 8-21-15, the requested treatment of physical therapy 2 times a week for 4 weeks to bilateral feet was non-certified for not meeting CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 bilateral feet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the bilateral feet are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are plantar fasciitis bilateral; and tarsal tunnel syndrome bilateral. Date of injury is January 29, 2014. Request for authorization is August 14 2015. There were no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not specified in the medical record. According to a March 30, 2015 progress note, the injured worker received physical therapy and custom orthotics for the plantar fasciitis. There is no documentation demonstrating objective functional improvement. According to an August 14, 2015 progress note, the injured worker has ongoing feet pain. Objectively, there is tenderness to palpation over the plantar fascia with a positive Tinel's sign. The injured worker has an antalgic gait. The treating provider is requesting additional physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior physical therapy, no documentation indicating the total number of physical therapy sessions to date and no compelling clinical documentation indicating additional physical therapy (over the recommended guidelines) is clinically indicated, physical therapy two times per week times four weeks to the bilateral feet are not medically necessary.