

Case Number:	CM15-0064961		
Date Assigned:	05/13/2015	Date of Injury:	09/07/2008
Decision Date:	06/10/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53-year-old female, who sustained an industrial injury on 9/7/2008. The current diagnoses are plantar fasciitis, sinus tarsi syndrome, myositis, neuroma, and capsulitis. According to the progress report dated 1/26/2015, the injured worker complains of pain associated with swelling in bilateral feet, which is increased with standing and walking. The level of pain is not rated. The current medications are Voltaren gel and Toradol. Treatment to date has included medication management and home exercise program. The plan of care includes 16 physical therapy (iontophoresis) sessions to the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy Iontophoresis for the left foot, QTY:16: 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 & Ankle.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 428, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the guidelines, iontophoresis is not recommended for plantar fasciitis due to lack of evidence to support its use. In addition, the guidelines do not recommended more than 8-10 sessions of physical medicine. The claimant was able to perform home exercises. There was no indication for need of 16 sessions of invasive therapy. The request for 16 sessions of iontophoresis is not medically necessary.