

Case Number:	CM15-0077222		
Date Assigned:	04/28/2015	Date of Injury:	02/12/1992
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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 57 year old female, who sustained an industrial injury on 2/12/1992. Diagnoses include chronic plantar fasciitis right foot. Treatment to date has included medications, physical therapy, diagnostics, immobilization, moon boot, stretching and splinting. Per the Primary Treating Physician's Progress Report dated 3/02/2015, the injured worker reported chronic plantar fasciitis. Physical examination revealed no edema or erythema noted and some pain, but less pain with palpation of the plantar fascia insertion at the medial right heel. The plan of care included medications and physical therapy and authorization was requested for physical therapy (3x8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 8 for right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Ankle & Foot.

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 has a remote history of a work-related injury and continues to be treated for right ankle and foot pain. She has diagnoses of Achilles tendonitis and plantar fasciitis. Recent physical therapy in January was poorly tolerated. After a period of immobilization repeat physical therapy is being requested. In terms of occupational therapy treatment, guidelines recommend up to 9 therapy sessions over 5 weeks for this condition. The number of visits being requested is in excess of that recommendation and not medically necessary.