

Case Number:	CM15-0091775		
Date Assigned:	05/18/2015	Date of Injury:	04/25/2013
Decision Date:	06/29/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 4/25/13. She reported bilateral foot and ankle pain related to cumulative trauma. The injured worker was diagnosed as having chronic fasciitis bilaterally, traumatic neuromas 3rd web space bilaterally and Achilles insertional tendinitis bilaterally. Treatment to date has included a left foot and ankle MRI on 12/13/14 showing moderate plantar fasciitis, Lyrica, Norco and motion-control orthotics. As of the PR2 dated 4/9/15, the injured worker reports decreased pain since completion of 12 out of 12 physical therapy sessions. She indicated a 60-70% reduction in her pain and restoration of her function. Currently, she has 2/10 constant pain in the left foot/ankle and 3/10 pain in the right foot/ankle. Objective findings include moderate tenderness in the 3rd web space bilaterally with a palpable mass and positive compression test, consistent with traumatic neuromas. The treating physician requested physical therapy/rehabilitation x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy/ Rehabilitation, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Improvement measures Page(s): 98, 99 and 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.