

<b>Case Number:</b>	CM13-0051315		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a female with a date of injury of March 10, 2011. A utilization review determination dated October 1, 2013 recommends noncertification of physical therapy. The utilization review determination indicates that the patient has previously undergone 12 prior therapy sessions. A progress report dated September 10, 2013 includes subjective complaints indicating that the patient needs an extension of physical therapy for bilateral hands and bilateral feet. The goal is to reduce pain and inflammation and improve function and master an independent home exercise program. The patient continues to have right heel and foot pain which is rated as 3-7/10, and bilateral hand pain which is rated as 8/10. The note indicates that she has had 2 physical therapy sessions for the feet and has had authorization for 6 physical therapy for the hands. She completed the physical therapy but they recommended only the use of modalities because of her severe flare-up from the exercises. The physical examination identifies tenderness to palpation in the shin over the EH L tendon, medial arch, normal range of motion, and positive grinding over the joint. Assessment includes foot pain, tendinitis, De Quervain's disease, and hand pain. The treatment plan indicates that the patient has completed 6 physical therapy sessions with some improvement but is still having pain and difficulty with prolonged standing and walking. The note goes on to indicate that the requesting physician is asking for 10 more sessions of physical therapy for the feet to improve function and reduce pain. Additionally, more physical therapy is requested for De Quervain's disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 10 to 12 sessions of physical therapy for bilateral feet: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 369, 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy, Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many sessions of therapy the patient has already undergone, and how many additional therapy sessions are being requested. It appears that 10 additional therapy sessions are being requested for the ankles and feet, but there has been no specific number of additional therapy sessions being requested for the upper extremities. Additionally, there is no documentation of any specific objective functional improvement as a result of the therapy sessions already provided. Furthermore, the requesting physician has indicated that the previous therapy flared the patient's pain so bad that she was unable to tolerate exercise. Exercise is the hallmark of physical therapy, therefore, it is unclear how the patient would be able to tolerate physical therapy going forward, when she was unable to tolerate it in the past. Additionally, if the patient has undergone 6 therapy sessions for the ankle, an additional 10 sessions would exceed the number recommended by guidelines for tendinitis of the ankle/foot. In the absence of clarity regarding those issues, the currently requested physical therapy is not medically necessary.