

Case Number:	CM14-0167148		
Date Assigned:	10/14/2014	Date of Injury:	10/11/2013
Decision Date:	12/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology 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 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/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:

This is a 50-year-old female with a 10/11/13 date of injury, when she injured her hands and ankles. The PT progress report dated 8/25/14 indicated that the patient accomplished 23 visits of PT with minimal functional improvement compared to the visit dated 6/19/14. The patient was seen on 8/28/14 with complaints of pain, numbness and burning sensation in the bilateral hands and bilateral feet. The patient stated that PT decreased her pain in 50%. Exam findings revealed tenderness over bilateral distal radicular joint and left 1st CMC joint and decreased grip strength and sensation of the hands. The exam findings of the feet revealed right hallux valgus, Morton's neuroma and tenderness over bilateral medial and lateral malleolus. The diagnosis is bilateral hand/wrists/ankle strain/sprain, carpal tunnel syndrome. Treatment to date: work restrictions, PT and medications. An adverse determination was received on 9/26/14 for lack of functional improvement and unknown number of underwent PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2 times a week for 6 weeks of the bilateral hand and feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist, & Hand (updated 08/08/14), Physical/Occupational therapy, Ankle & Foot (updated 07/29/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Chapter- PT and Ankle & Foot Chapter.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the ODG allows 9 visits over 8 weeks for sprains and strains of wrist and hand and 9 visits over 8 weeks for ankle/foot sprains. The progress note dated 8/25/14 indicated that the patient accomplished 23 visits of PT for her hands and feet to date. However, the PT progress notes indicated only minimal improvement from prior treatment. In addition, the patient exceeded recommended treatment duration due to the guidelines. Lastly, given the patient's injury a year ago, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for physical therapy 2 times a week for 6 weeks of the bilateral hand and feet is not medically necessary.