

<b>Case Number:</b>	CM14-0023567		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 50-year-old female who reported an injury on 08/06/2012 due to an unspecified mechanism of injury. On 08/19/2014, she reported that her symptoms in the bilateral hands and bilateral shoulders continued to persist. A physical examination showed dorsalis pedis and posterior tibial pulses were within normal limits, capillary refill was within normal limits bilaterally, and sensation was noted to be intact. Muscular examination was noted to be 5/5 and within normal limits. She was noted to have difficulty with direct palpation of the ankle joint laterally over her scar. Range of motion was noted to be extremely limited due to scar tissue pain. There was also symptomology of pain in the ankle joint itself. She was diagnosed with status post I&D of the right ankle, plantar fasciectomy bilaterally, sprain/strain of the ankle bilaterally, low back pain by history, bilateral shoulder pain by history, gastric pain by history, numbness by history, radiculopathy by history, tear of the lateral ligaments of the bilateral ankles, carpal tunnel syndrome bilaterally, and maceration of the wound. Surgical history included an I&D of the right ankle performed on an unspecified date. Information regarding diagnostic studies, medications, and past treatments were not provided for review. The treatment plan was for outpatient physical medicine therapy 3 times a week for 6 weeks to the bilateral feet. The Request for Authorization and rationale for treatment were not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY THREE (3) TIMES A WEEK TIMES SIX (6) WEEKS TO BILATERAL FEET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for Outpatient Physical Therapy three (3) times a week times six (6) weeks to bilateral feet is not medically necessary. The California MTUS Guidelines state that physical medicine is recommended for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical information submitted for review, the injured worker did not have any significant functional deficits of the bilateral feet to indicate the need for physical therapy treatment. In addition, the request for 18 physical therapy sessions would exceed the guideline recommendations and therefore would not be supported. Furthermore, it is unclear if the injured worker had attended physical therapy previously, as there was no documentation regarding past treatments provided. Due to this uncertainty, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.