

<b>Case Number:</b>	CM14-0187834		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for foot pain reportedly associated with an industrial injury of August 19, 2014. In a utilization review report dated October 30, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as 6 sessions of the same. Non-MTUS Chapter 6 ACOEM Guidelines were invoked, despite the fact that ACOEM Chapter 6 is no longer a part of the MTUS. The MTUS Chronic Pain Medical Treatment Guidelines were also seemingly invoked, despite the fact that this did not appear to be a chronic pain case. The claims administrator stated that its decision was based on progress notes of September 3, 2014, and October 8, 2014. In an RFA form dated October 4, 2014, 8 to 12 sessions of acupuncture, 8 to 12 sessions of physical therapy, and 4 to 6 sessions of manipulative therapy were endorsed, along with computerized range of motion testing, and MRI imaging of numerous body parts. In a handwritten note of the same date, October 8, 2014, physical therapy, manipulative therapy, and acupuncture were ordered. The note was difficult to follow. The applicant apparently presented with wrist and foot pain and was placed off of work. In a September 3, 2014 initial report, it was noted that the applicant was not a native English speaker. The applicant was alleging multifocal complaints of wrist pain, hand pain, low back pain, elbow pain, shoulder pain, and neck pain secondary to cumulative trauma at work. The applicant was asked to consult a psychologist. The applicant was placed off of work, on total temporary disability. Consultation with multiple providers and multiple specialists were endorsed, including an ophthalmology consultation, an internal medicine consultation, and a neurology consultation. X-rays of multiple body parts and electrodiagnostic testing of bilateral upper and bilateral lower extremities were sought. Manipulative therapy and physical therapy were ordered at this point in time. The applicant

seemingly went on to receive some treatments, including acupuncture; it appeared, based on the handwritten acupuncture notes of October 20, 2014, and October 15, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physiotherapy, Both Feet, Twice Weekly for Six Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): 48, 370.

**Decision rationale:** The request in question, as noted above, was initiated via an RFA form dated October 8, 2014. The applicant had already had unspecified amounts of physical therapy through that point in time. The 12-session course of treatment proposed, in and of itself represents treatment well in excess of the "initial and follow-up visits" endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, page 370 for education, counseling, and evaluation of home exercise transition purposes. No compelling case is made for treatment so far in excess of ACOEM parameters here. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon a prescribing provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the request did not clearly outline treatment goals. It was not clearly stated why extensive physical therapy was being sought in the face of the applicant's seeming failure to demonstrate functional improvement with earlier treatment. The applicant was placed off of work, on total temporary disability, on multiple office visits, referenced above, despite having had prior physical therapy in unspecified amounts. Therefore, the request is not medically necessary.