

<b>Case Number:</b>	CM14-0191832		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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:

This is a 43-year-old female with a 5/1/14 date of injury. According to a progress report dated 10/10/14, the patient continued to complain of the same bilateral elbow pain and bilateral heel pain. She noted that there was some improvement from her completed 4 visits of physical therapy, but obviously, "4 visits would not cure her". She was very tearful and extremely depressed, and claimed that she did not want to go on living anymore. Objective findings: positive Tinel's signs at the cubital tunnels of both elbows with pain radiating down the ulnar forearms to the ulnar fingers, 2/2 sensation throughout the bilateral upper extremities, tenderness to palpation over the plantar fascia insertion at the calcaneus bilaterally, neurovascularly intact distally. Diagnostic impression: bilateral cubital tunnel syndrome, bilateral plantar fasciitis, depression. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 10/28/14 denied the request for physical therapy 2x6 bilateral feet and bilateral elbows. The claimant's work status, functional status, and response to earlier treatment have not been clearly outlined. The presence or absence of functional improvement with earlier treatment has not been clearly established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 bilateral feet and elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Pain, Suffering, and the Restoration of Function, page 114, and on the Non-MTUS Official Disability Guidelines (ODG), Ankle and Foot Chapter - Physical Therapy, Elbow Chapter - Physical Therapy

**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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has completed 4 sessions of physical therapy treatment. Guidelines support up to 9 visits over 8 weeks for ankle/foot sprains and 14 visits over 6 weeks for cubital tunnel syndrome. An additional 12 sessions would exceed guideline recommendations. In addition, there is no documentation of objective functional improvement. Furthermore, there is no discussion regarding an attempt to transfer the patient to an independent home exercise program. Therefore, the request for Physical therapy 2x6 bilateral feet and elbows was not medically necessary.