

Case Number:	CM14-0079610		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2013
Decision Date:	03/05/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with an original date of injury on October 11, 2013. The mechanism of injury was repetitive motion relating to job duty including lifting, carrying, pushing, pulling, standing, and walking. The industrially related diagnoses are right and left hands strain and sprain, carpal tunnel syndrome, left and right ankle strain and sprain rule out internal derangement, lateral instability, status post injection, and right and left foot strain/sprain rule out Morton's neuroma metatarsalgia. An EMG and nerve conduction study on November 11, 2013 documented prolonged sensory and motor distal latency of the bilateral median nerve consistent with carpal tunnel syndrome, and normal conduction of right and left ulnar nerves. An x-ray of bilateral feet on March 13, 2014 documented first metatarsal-phalangeal arthritis on the right. An x-ray of the left wrist and hand on the same date displayed no fracture. The patient has had physical therapy twice a week of unknown number weeks, using wrist support, TENs unit, medications, and injections. The disputed issue is the request for physical therapy twice a week for three weeks to bilateral feet, ankle, wrist and hand. A utilization review on May 19, 2014 has modified this request. The stated rationale for modification was the official disability guidelines support the medical necessity of physical therapy two times a week for three weeks for bilateral ankle and foot, and one times a week for three weeks for bilateral wrist and hand for the provided diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 3wks bilateral feet, Ankle, Wrist and Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (updated 03/26/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Page(s): Page 98 of 127. Decision based on Non-MTUS Citation Ankle Foot Chapter Forearm, Wrist, & Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy for the wrist, hand, ankle and foot, 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. ODG has more specific criteria for the ongoing use of physical therapy. 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, a progress note on date of service 4/24/2014 documented the patient has failed an unknown number of physical therapy sessions. Furthermore, given the unknown number of physical therapy patient has already had, it is unclear whether the currently requested physical therapy exceeds the amount of PT recommended by the CA MTUS. In the absence of such documentation, the current request for physical therapy is not medically necessary.