

<b>Case Number:</b>	CM15-0009639		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/09/2002
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 was a 60 year old female, who sustained a work related injury, October 9, 2002. The injured workers chief complaint, on September 12, 2014 was bilateral foot pain, secondary to flatfoot deformity with chronic pain. The injured worker was diagnosed with bilateral flatfoot deformity with chronic foot pain, anxiety, depression, cervical pain with radiculopathy, right and left elbow pain, right and left wrist pain, lumbosacral pain with sciatica, right and left knee pain. The injured worker was treated with psychotherapy, cervical neck fusion of C3-C4, C4-C5 and C5-C6 January 21, 2010, right radial decompression at the proximal forearm December 8, 2006, status post right ulnar nerve transposition and removal of hardware March 5, 2013, left ulnar nerve transposition at the cubital tunnel August 19, 2004, status post trigger thumb release December 8, 2006, Status post left radial nerve neurolysis August 19, 2004, status post left carpal tunnel decompression August 19, 2004, status post right wrist surgery August 19, 2008, status post lumbosacral syndrome with sciatica October 28, 2008. The injured worker has participated in physical therapy for the right upper extremity, right elbow, in June 2014 through October 2014, home exercise program, thumb spica brace, orthotics, ice, anti-inflammatory medications and therapy for the left lower extremity. November 20, 2014, the primary treating physician requested authorization for 12 sessions of physical therapy for the left foot. The physical therapy was being requested due to; pain in the left lower extremity and the left foot was pronating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left foot:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on to the. The medical records provided indicate the diagnosis of bilateral flatfoot deformity with chronic foot pain, anxiety, depression, cervical pain with radiculopathy, right and left elbow pain, right and left wrist pain, lumbosacral pain with sciatica, right and left knee pain. The injured worker was treated with psychotherapy, cervical neck fusion of C3-C4, C4-C5 and C5-C6 January 21, 2010, right radial decompression at the proximal forearm December 8, 2006, status post right ulnar nerve transposition and removal of hardware March 5, 2013, left ulnar nerve transposition at the cubital tunnel August 19, 2004, status post trigger thumb release December 8, 2006, Status post left radial nerve neurolysis August 19, 2004, status post left carpal tunnel decompression August 19, 2004, status post right wrist surgery August 19, 2008, status post lumbosacral syndrome with sciatica October 28, 2008. The injured worker has participated in physical therapy for the right upper extremity, right elbow, in June 2014 through October 2014, home exercise program, thumb spica brace, orthotics, ice, anti-inflammatory medications and therapy for the left lower extremity. The medical records provided for review do not indicate a medical necessity for Physical therapy, left foot. The records indicate the injured worker has completed 12 sessions of physical therapy. The MTUS a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The total number of sessions recommended by the MTUS are as follows: Myalgia and myositis, unspecified 8-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. Therefore, the requested treatment is not medically necessary and appropriate.