

<b>Case Number:</b>	CM15-0206713		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female who sustained an industrial injury on 5-28-2013. A review of medical records indicates the injured worker is being treated for right thumb carpometacarpal arthritis aggravated by industrial injury, status post right first dorsal compartment release and right thumb carpometacarpal arthroplasty. Medical records dated 5-20-2015 noted she had undergone right thumb arthroplasty surgery. She stated surgery had been helpful and has less pain, but still had complaints in regards to the thumb. Physical examination noted the right upper extremity had full range of motion of her elbow, wrist and all digits, including thumb. There was tenderness to palpation around the base of the thumb. There was good capillary refill. Treatment has included surgery and post op therapy. Radiographs of the right hand and thumb revealed that there has been a trapeziectomy performed and the arthroplasty space is maintained. There is mild subsidence of the first metacarpal. Utilization review form dated 10-7-2015 noncertified additional physical therapy for bilateral feet 3 x 6, TENS unit purchase for bilateral feet, and range of motion testing for bilateral feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT for Bilateral Feet 3x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with bilateral foot pain. She is having some compensatory pain in the knees and hips as well. The request is for ADDITIONAL PT FOR BILATERAL FEET 3X6. The request for authorization form is dated 09/23/15. The patient is status post bilateral foot surgeries, 2012. X-ray of the feet, 08/31/15, shows status post prior bunionectomy; plantar calcaneal spurring. Physical examination of the bilateral foot reveals healed scars both feet in the first MTP joints. There is diminished range of motion in these joints and tenderness. Patient's medications include Naproxen, Prilosec, and Methoderm. Per progress report dated 08/12/15, the patient is on modified work duty. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. The patient continues with feet pain. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. However, per Physical Therapy report dated 09/16/15, the patient completed 6 visits. In this case, the request for 18 additional visits of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

**TENS Unit Purchase for Bilateral Feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with bilateral foot pain. She is having some compensatory pain in the knees and hips as well. The request is for TENS UNIT PURCHASE FOR BILATERAL FEET. The request for authorization form is dated 09/23/15. The patient is status post bilateral foot surgeries, 2012. X-ray of the feet, 08/31/15, shows status post prior bunionectomy; plantar calcaneal spurring. Physical examination of the bilateral foot reveals healed scars both feet in the first MTP joints. There is diminished range of motion in these joints and tenderness. Patient's medications include Naproxen, Prilosec, and Methoderm. Per progress report dated 08/12/15, the patient is on modified work duty. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below. The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS)." Treater does not discuss the request.

MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. Review of provided medical records show no record that patient has trialed a TENS unit in the past under the supervision of a medical provider to document the efficacy of its use, and a trial would be indicated. Therefore, the request IS NOT medically necessary.

**Range of Motion Testing for Bilateral Feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

**Decision rationale:** The patient presents with bilateral foot pain. She is having some compensatory pain in the knees and hips as well. The request is for RANGE OF MOTION TESTING FOR BILATERAL FEET. The request for authorization form is dated 09/23/15. The patient is status post bilateral foot surgeries, 2012. X-ray of the feet, 08/31/15, shows status post prior bunionectomy; plantar calcaneal spurring. Physical examination of the bilateral foot reveals healed scars both feet in the first MTP joints. There is diminished range of motion in these joints and tenderness. Patient's medications include Naproxen, Prilosec, and Menthoderm. Per progress report dated 08/12/15, the patient is on modified work duty. MTUS guidelines, Functional Improvement Measures Section, page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Treater does not discuss the request. In this case, treater does not provide any discussion, explanation or medical rationale for the request. Range of Motion measurements should be obtained as part of a routine physical examination, and there is no justification for additional billing when it's part of a routine examination. Therefore, the request IS NOT medically necessary.