

Case Number:	CM14-0170202		
Date Assigned:	10/20/2014	Date of Injury:	05/01/2014
Decision Date:	12/15/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 Emergency 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 injured worker is a 43 year-old female, who sustained an injury on May 1, 2014. The mechanism of injury occurred from continuous standing and upper extremity manipulations. Diagnostics have included: August 5, 2014 x-rays of both hands and wrists reported as being normal; August 5, 2014 x-rays of both feet reported as normal. Treatments have included: splint, 6 sessions physical therapy, medications. The current diagnoses are: bilateral wrist extensor tendonitis with carpal tunnel syndrome, bilateral heel plantar fasciitis, bilateral cubital tunnel syndrome. The stated purpose of the request for Physical Therapy for bilateral elbows and bilateral feet was not noted. The request for Physical Therapy for bilateral elbows and bilateral feet was denied on September 26, 2014, citing a lack of documentation of functional improvement. Per the report dated August 29, 2014, the treating physician noted complaints of bilateral forearm pain with numbness and tingling to hands and fingers, as well as bilateral heel and ankle pain with cramping of the feet. Exam findings included positive bilateral cubital tunnel test, tenderness to the plantar surface of the calcaneus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral elbows and bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 370-371 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic), Physical therapy; Elbow (Acute and Chronic) Physical therapy

Decision rationale: The requested Physical therapy for bilateral elbows and bilateral feet is not medically necessary. Guidelines recommend a trial of 6 physical therapy sessions for delineated musculo-skeletal conditions, with further therapy dependent on documented functional improvement. The injured worker has bilateral forearm pain with numbness and tingling to hands and fingers, as well as bilateral heel and ankle pain with cramping of the feet. The treating physician has documented positive bilateral cubital tunnel test, tenderness to the plantar surface of the calcaneus. The treating physician has not documented objective evidence of functional improvement from completed physical therapy sessions. The criteria noted above not having been met, Physical therapy for bilateral elbows and bilateral feet is not medically necessary.