

<b>Case Number:</b>	CM14-0154037		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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: 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 is a 42 year old female stocker who sustained an industrial injury on 05/01/14 attributed to cumulative trauma from work-related activities. Initial complaints were bilateral foot pain and right hand numbness. Initial diagnoses were bilateral planter fasciitis, right ulnar neuritis and overuse disorder of the soft tissues of the right forearm. Comorbid conditions include obesity (BMI 32.6). Treatments to date include medications, right wrist splint for nighttime use, silicone heel cups, physical therapy (to feet - helpful), occupational therapy (to right upper extremity - helpful), podiatry consultation, left foot brace, as well as stretching and work restrictions. Diagnostic tests include x-rays. Current complaints include pain in her ankles and heels, as well as bilateral wrist/hand pain. In a progress note dated 08/05/14 the treating provider reports the plan of care as physical therapy for the bilateral upper extremities and feet and nerve conduction studies of the bilateral upper and lower extremities. The requested treatment is physical therapy to the bilateral upper extremities and feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3 x 6Weeks, Bilateral Upper Extremities and Feet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

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

**Decision rationale:** Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for neuralgia, neuritis or radiculitis should show a resultant benefit by 10 sessions over a 4 week period and for myalgia and myositis, by 9-10 sessions over 8 weeks. Additionally the PT program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has had multiple PT sessions (6) on her feet since her injury but no PT for her upper extremities. She has not had an exacerbation of her pain but rather switched to a new provider who has re-ordered PT for her feet and her upper extremities. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal pain the therapy should follow the above recommendations. It would be appropriate to continue some PT for the patient's feet and to start PT for her upper extremities, however, medical necessity for the frequency and number of PT sessions requested does not follow the MTUS guidelines and thus must be considered not having been established by the provider. The request is not medically necessary.