

<b>Case Number:</b>	CM15-0015485		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Hawaii  
 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 71 year old male, who sustained an industrial injury on 07/22/2014. The diagnoses have included left foot plantar fasciitis. Treatments to date have included physical therapy and medications. Diagnostics to date have included left foot x-rays which were noted as negative. In a progress note dated 11/17/2014, the injured worker presented with complaints of left foot pain. The treating physician reported the need for lower extremity electrodiagnostic studies for prolonged lower extremity neuroradicular complaints. Utilization Review determination on 01/05/2015 non-certified the request for Physical Therapy Left Foot and EMG (Electromyography) Left Lower Extremity citing American College of Occupational and Environmental Medicine and Official Disability Guidelines.

### 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 ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The patient presents with pain in the left foot and lower back. The current request is for Physical Therapy, Left Foot. The treating physician states, "Encourage activity. Treat all symptomatic areas of industrial causation. Educate the applicant. Injury Prevention, body mechanics, home care, exercise: supervise and instruct in home program."(146B) MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the physical therapy progress note dated 09/25/14 documented that the patient has completed 17 visits of physical therapy for this injury which would exceed the recommended guideline. Additionally, the duration and frequency is not documented for this request making it invalid. The current request is not medically necessary and the recommendation is for denial.

**EMG, left lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 303

**Decision rationale:** The patient presents with pain in the left foot and lower back. The current request is for EMG, Left Lower Extremity. The treating physician states in regards to the EMG request, "Prolonged lower extremity neuroradicular complaints." (146B) The ACOEM guidelines state if symptoms have been present longer than 3-4 weeks then EMG of the lower extremity is medically necessary. In this case, the treating physician has documented that the pain has been getting worse since 07/2014 (140B) even after multiple therapy sessions. The current request is medically necessary and the recommendation is for authorization.