

<b>Case Number:</b>	CM15-0111466		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	12/23/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained an industrial injury on 12/23/14. Diagnoses include plantar fasciitis and thoracic compression fracture. Treatments to date include CT, x-ray and MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience bilateral wrist, left upper extremity, left ankle/ foot, mid back, low back and left gluteal area pain. Upon examination, diagnostic test results were reviewed. A request for Physical therapy 2 times per week for 3 weeks to bilateral hands, left foot and ankle was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 3 weeks to bilateral hands, left foot and ankle:**

Upheld

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

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

**Decision rationale:** According to the CA MTUS, physical medicine or therapy is indicated for the following indications: myalgia and myositis, unspecified over 8 weeks. The referenced guideline also indicate that continued or additional physical therapy sessions are warranted if there is documentation of a significant decrease in pain levels and significant increase of functional improvements including decrease utilization of medications. In this case, records indicate that the bilateral hands did not undergo physical therapy and the clinical presentation of the bilateral hands/wrists are amenable to physical therapy. Since, no prior physical therapy was provided to the bilateral hands, an initial course off six (6) sessions of physical therapy may be warranted. However, with regard to the requested physical therapy to the left foot and ankle, records indicate that the injured worker had prior physical therapy. Although documents indicate that the injured worker is experiencing 75% improvement there is no documentation or evidence of any functional improvement. Peer discussion documentation also failed to retrieve any evidence of any functional improvements with prior physical therapy to the left ankle/foot. Therefore, medical necessity of the requested physical therapy 2x3 to the left foot and ankle is not established.