

Case Number:	CM15-0115678		
Date Assigned:	06/24/2015	Date of Injury:	09/26/2008
Decision Date:	07/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/16/2015

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 (IW) is a 59-year-old female who sustained an industrial injury on 09/26/2008 to the bilateral feet and ankles. Diagnoses include tibialis tendinitis, neuralgia/neuritis unspecified, other acquired deformity of the ankle/foot, other enthesopathy of the ankle and tarsus and interphalangeal toe sprain. Treatment to date has included medications, bracing of the ankle, physical therapy, stiff-soled shoes, ice soaks and activity modifications. X- rays of the feet revealed pes planovalgus with calcanealfibular impingement, talar head uncovering and degenerative joint disease of the talonavicular joint. According to the progress notes dated 5/27/15, the IW reported bilateral foot/ankle pain described as burning, tingling and electric shocks. On examination, lower extremity edema was 1+ and peripheral pulses were present and 2+. Both feet showed deformity in the arch and the hind foot. The right ankle was tender to palpation. Both ankles had 0 degrees of dorsiflexion. The left foot was tender to palpation at the first metatarsal head. Motor strength of the bilateral ankles was 4- and 3-. A request was made for physical therapy, two (2) times weekly for six (6) weeks for the upper extremities, to build core strength and condition the upper extremities for long-term crutch use in anticipation of treatment of the feet and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times weekly, upper extremities Qty: 12: 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 Therapy, pages 98-99.

Decision rationale: Symptoms and treatment for this chronic injury of 2008 have involved lower extremity diagnosis to include tibialis tendinitis, neuralgia/neuritis unspecified, other acquired deformity of the ankle/foot, other enthesopathy of the ankle and tarsus and interphalangeal toe sprain. The request for upper extremity therapy to build core strength in anticipation for feet and ankle treatment is not medically indicated without specific symptoms or clinical deficits for physical therapy treatment. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficit for PT treatment outcome such as milestones of increased ROM, strength, and functional capacity involving the upper extremities. The Physical therapy, 2 times weekly, upper extremities Qty: 12 is not medically necessary and appropriate.