

Case Number:	CM15-0177495		
Date Assigned:	09/18/2015	Date of Injury:	05/24/2010
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

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 58 year old man sustained an industrial injury on 5-24-2010 the worker reports no specific injury, rather sudden onset achiness to all four extremities while driving a bus. Diagnoses include bilateral elbow lateral epicondylitis and right foot plantar fasciitis. Treatment has included oral medications, use of a cane, and psychological treatment. Physician notes dated 7-15-2015 show complaints of bilateral elbow pain rated 8 out of 10 and right foot pain rated 8 out of 10. The physical examinations shows no deformity to the cervical spine, increased tone with associated tenderness in the paracervical and trapezial muscles, negative cervical compression and distraction tests, decreased range of motion in all directions, motor and sensory examinations are normal, bilateral shoulder examination shows no asymmetry, no palpable tenderness, normal range of motion and normal testing results, tenderness is noted to the bilateral lateral epicondyles, negative tennis elbow, normal range of motion, bilateral wrists and hands show no tenderness or crepitus, normal range of motion, lumbosacral spine shows a level pelvis, no loss of lordosis, increased tenderness and tone in the paralumbar musculature at the midline thoracolumbar junction, and at the L5-S1 facets and right greater sciatic notch, positive muscle spasms, normal range of motion, negative straight leg raise, ankle and knee jerk reflexes 2+ bilaterally, sensory and motor examinations are normal, and decreased plantar flexion, subtalar eversion, and subtalar inversion of the bilateral lower extremities. Recommendations include physical therapy, please send the AME report, and follow up in one month. Utilization Review modified a request for physical therapy to the bilateral elbows and right foot citing re-education for the purposes of self-monitored home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for bilateral elbows and right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in May 2010 and is being treated for injuries to the arms, knees, and right foot occurring while driving a bus with the onset of aching pain without particular injury. When seen, his body mass index was nearly 35. There was bilateral lateral epicondyle tenderness with guarded motion. There was bilateral plantar fascia tenderness and decreased ankle range of motion. The claimant was noted to ambulate with a cane. Physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.