

<b>Case Number:</b>	CM13-0010950		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	08/29/2005
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 67 year old female who was injured on 8/29/2005. According to the 6/19/13 report, she presents with right foot and ankle, chronic pain syndrome. She had hardware removed on 7/16/10 after triple arthrodesis on 8/20/09. She developed RSD and tried some back injections, but they did not help. She reports feeling better with the ankle braces, and believes they offer stability. She has tried Lyrica which did not help, Cymbalta offers some improvement. Biofreeze did not help, but the topical ketoprofen, lidocaine, gabapentin cream seems to help quite a bit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 PHYSICAL THERAPY VISITS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION, 114

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

**Decision rationale:** The 6/19/13 report states the patient has reflex sympathetic dystrophy syndrome from the surgical arthrodesis and hardware removal. The pain level was 4/10. The

physician requested 12 sessions of PT. The MTUS guidelines, recommend 8-10 sessions of PT for various myalgias and neuralgias, but for RSDS or CRPS, recommend up to 24 sessions. The request for 12 sessions of PT appears to be in accordance with MTUS guidelines. Therefore, the service requested is medically necessary.