

<b>Case Number:</b>	CM13-0027291		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Family Medicine and is licensed to practice in Texas. 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:

The injured worker is a 60-year-old female who reported an injury on 01/19/2012. The mechanism of injury was not provided for review. The injured worker ultimately underwent a right total ankle replacement and subtalar fusion in 03/2013. The injured worker ultimately developed reflex sympathetic dystrophy. This was treated with physical therapy, multiple medications, and lumbar sympathetic blocks. The injured worker was evaluated in 03/2013. It was documented that the injured worker had continued pain rated 10/10. Physical findings included limited cervical range of motion with abnormal tenderness in the C6-7 distribution and limited lumbar range of motion. Evaluation of the right lower extremity documented hyperesthesia of the right peroneal and toe regions with modest allodynia. The injured worker's diagnoses included subacromial bursitis of the left shoulder, neck sprain/strain, shoulder impingement syndrome, ankle joint replacement, fibromyalgia, and reflex sympathetic dystrophy. The injured worker's treatment plan included additional physical therapy, continuation of medications, additional left lumbar sympathetic blocks, and urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY VISITS THREE ( 3 ) TIMES A WEEK FOR SIX ( 6 ) WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The requested physical therapy visits 3 times a week for 6 weeks for 18 visits is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 24 visits over 16 weeks for the diagnosis of reflex sympathetic dystrophy. The clinical documentation submitted for review does indicate that the injured worker has participated in physical therapy related to this diagnosis. However, the amount of physical therapy that the injured worker has already participated in was not specifically identified. Additionally, the efficacy of that therapy cannot be clearly determined as the injured worker continues to experience 10/10 pain with limited range of motion of the cervical spine, lumbar spine, and lower extremity. Additionally, the request as it is submitted does not clearly identify what body parts physical therapy should be applied to. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy visits 3 times a week for 6 weeks are not medically necessary or appropriate.