

Case Number:	CM13-0040507		
Date Assigned:	12/20/2013	Date of Injury:	09/18/2009
Decision Date:	02/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 55-year-old female who reported an injury on 09/18/2009. The mechanism of injury was a slip and fall. The patient's diagnoses include chronic pain syndrome (338.4), unspecified reflex sympathetic dystrophy (337.20), and pain in joint and other specified sites (719.48). The most recent clinical note dated 11/05/2013 reports the patient continues to have right leg pain complaints secondary to CRPS. The patient was status post right ankle surgery which was performed in 01/2012, and had developed CRPS. She continued with her physical therapy and reported that it has been helpful. The patient has completed 46 sessions of physical therapy. The patient reported improvement mobility over the right ankle, and is now putting a bit of weight onto her right foot. The patient was ambulating with crutches. Objective findings included increased mobility of the right ankle. The right ankle does remain swollen and hyperirritable to touch. The patient did have marked decreased sensation over the right anterolateral foreleg and dorsum of the right foot. Range of motion of the right knee and hip appeared quite functional. The patient was instructed to work harder on her home exercise program and continue the safe use of crutches. Review of the most recent physical therapy note dated 11/14/2013 reported upon initial assessment on 09/12/2013 the patient reported her pain at 4/10 but increased immediately to 7/10 when she got into the pool. From reviewing the clinical notes for her physical therapy, it shows that the patient's pain level remained between 4/10 and 7/10 throughout the entire course of her physical therapy from 09/12/2013 to 11/14/2013. There was continued decreased strength, decreased range of motion and home exercise deficits. The patient was also having decreased balance, edema and inability to ambulate functionally. The patient's current level of active range of motion for her right ankle were 4 degrees of dorsiflexion with the goal being 18 degrees, pl

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 sessions: Upheld

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

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

Decision rationale: Per California MTUS Guidelines, physical medicine is an active therapy which is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Review of the patient's medical record has revealed that the patient has not made a significant change in her functional level with decrease of her pain, her flexibility, her strength, or her endurance. The patient's pain level still remains between the 4 and 7 that it was at initiation of her physical therapy, there was no significant change in her active range of motion, the patient is still requiring crutches for ambulation, and still requiring the use of the Vicodin prior to her therapy sessions. As such, the medical necessity for physical therapy 6 sessions cannot be proven at this time and the request is non-certified.