

Case Number:	CM13-0041836		
Date Assigned:	04/25/2014	Date of Injury:	03/30/2006
Decision Date:	07/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal Medicine and is licensed to practice in California and Illinois. 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 patient is a 50 year old female who was injured on 03/30/2006. The mechanism of injury is unknown. She fractured her right foot. She has to put more weight on her left foot which is affecting her leg. Prior treatment history has included medications, physical therapy, aquatic therapy, interferential unit, and sympathetic ganglion block. Diagnostic studies reviewed include MRI which revealed no acute changes. PR2 dated 07/18/2013 indicates the patient complains of continued pain in the left leg in L5 distribution with hypersensitivity. She rates her pain a 7/10 which is increased with sitting, standing, and walking. She has increased pain and decreased ADL's. Objective findings on exam reveal positive sensitivity of the left lateral thigh which is unchanged. She is tender at the left sciatic notch. Straight leg raise is negative. She has difficulty with heel-toe walk (consistent with L4-L5 radiculopathy) and difficulty squatting. Her range of motion exhibits flexion to 60 degrees; extension to 15 degrees; lateral bending to 20 degrees bilaterally. The patient is diagnosed with Complex Regional Pain Syndrome (CRPS)-I left leg and Piriformis with sciatica on the left. Prior UR dated 10/02/2013 documents request for authorization of physical therapy 8 visits is denied because the patient has received extensive physical therapy in the past and should be knowledgeable of a home exercise program; and there are no new deficits that warrant additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 VISITS, 2 TIMES A WEEK X 1 MONTH, TO THE LEFT LOWER EXTREMITY: Upheld

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

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

Decision rationale: The ODG and MTUS Guidelines recommend 2-3 weeks of physical therapy to the lower extremity for certain acute/chronic conditions. The medical records documents the patient's pain a 7/10 and increased pain with ADL's. Objective findings on exam reveal she has difficulty with heel-toe walk and difficulty squatting. The patient is diagnosed with CRPS-I left leg and sciatica on the left. Although physical therapy is a reasonable treatment choice for such a condition, the documents fail to discuss the previous response to prior physical therapy. The patient has undergone a significant amount of physical therapy and it is not clear why a home health exercise program would not be acceptable at this time. The documents do not discuss new or worsening deficits from her prior visit. Based on the ODG and MTUS Guidelines criteria as well as the clinical documentation stated above, the request for Physical Therapy 8 Visits, 2 Times A Week X 1 Month, to the Left Lower Extremity is not medically necessary.