

Case Number:	CM13-0055481		
Date Assigned:	12/30/2013	Date of Injury:	09/25/1997
Decision Date:	08/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/21/2013

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 Neurological Surgery, 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:

The records presented for review indicate that this 71-year-old was reportedly injured on September 25, 1997. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 25, 2013, indicated that there were ongoing complaints of right lower extremity pain with chronic regional pain syndrome. Current medications include hydrocodone. The physical examination demonstrated the use of bilateral canes for support. The physical examination of the lower extremities noted the decrease in swelling, and improvement in color and warmth, as well as decreased insensitivity. Previous treatment included physical therapy. A request had been made for 17 sessions of physical therapy and was not certified in the pre-authorization process on October 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seventeen sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the attached medical record, the injured employee has previously attended physical therapy for the right lower extremity chronic regional pain syndrome. Despite this prior attendance, there was no objective documentation of any progress that has been achieved. Without this information, additional attendance and physical therapy cannot be justified. This request for seventeen sessions of physical therapy is not medically necessary or appropriate.