

Case Number:	CM14-0018461		
Date Assigned:	04/18/2014	Date of Injury:	06/30/2008
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The patient is a 59-year-old female who was injured on 06/30/2008 while she was leaning against a truck when an officer raised communications antenna, which sent 14, 000 volts of electricity through her and blew off her big toe. Prior treatment has included amputation of the first ray of the left foot followed by several sessions of physical therapy. The last sessions were 12/20/2013. The patient received 2 sessions of physical therapy, last one dated 02/14/2014. In the last session, the patient was discharged as the goals were accomplished and home exercise program was provided. There are no diagnostic studies for review. PR-2 dated 01/16/2014 indicates the patient is a victim of serious electrocution, which resulted in a ray amputation of her left foot. This ray amputation resulted in loss of majority weight/supporting part of her foot. The patient complains of increased pain and increased redness of her second toe and she is beginning to get redness and blanching after a few hours of standing. She is having increased sensitivity to any change in the configuration of her footwear. She apparently had lost agreement reached with workers' compensation to get ongoing foot massage to maintain her ability to work status. The patient is on Neurontin medication for clinic neuropathic pain. Objective findings on exam revealed significant erythema of the second toe with respect to the rest of the toe and it looks like the toe ray is beginning to deviate medially over the years. Examination of orthotic shoes revealed that there has been deterioration and posting material underneath the orthotic. The patient is diagnosis with status post electrocution, status post cardiac arrest, status post ray amputation of the left foot; status post multiple other medical problems as a result of the electrocution, neuropathy in the left foot. The plan includes request for two complete sets of orthotics, one for work and one for home. Also, requesting the previous of physical therapy once twice monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A MONTH, #100 VISITS: 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: According to the CA MTUS guidelines, physical medicine specifically patient specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome (CRPS). The use of active treatment modalities instead of passive treatment is associated with substantially better clinical outcomes. The medical records document the patient is status post ray amputation of left foot. The patient received several physical therapy sessions. In the absence of documented significant improvement of pain or function as well as absence of documentation of the number of sessions the patient had received in the past, the request is not medically necessary according to the guidelines.