

Case Number:	CM14-0123480		
Date Assigned:	08/08/2014	Date of Injury:	07/01/2010
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic 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 claimant is a 53-year-old gentleman who sustained a crush injury to the left foot in a July 1, 2010, work-related accident. The clinical records provided for review include a June 17, 2014, progress report, which states that the claimant continues to experience left foot pain and sensitivity. A diagnosis consistent with complex regional pain syndrome is documented. The notes state that symptoms have not improved with conservative care, including physical therapy, injection care, medication management, activity restrictions and immobilization. Physical examination on that date showed positive Tinel's testing to the deep peroneal nerve, diminished range of motion of the metatarsalphalangeal joint, and stiffness with end points of movement. Treatment recommendations were listed as increased fluid uptake, potassium enriched diet, continued use of a TENS device and physical therapy. Specific to the physical therapy, the claimant was noted to "not have had therapy in a while." This request is for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Ankle & Foot (updated 03/26/14) Physical Therapy(PT)Physical Therapy Guidelines.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, 12 sessions of physical therapy would not be indicated. In the chronic setting for unspecified neuralgias, the Chronic Pain Guidelines support eight to 10 sessions of physical therapy to manage active inflammatory processes. In this case, the reviewed records document no benefit from prior physical therapy treatments or use of other conservative modalities. Though this claimant reports chronic pain complaints, the records reference no indication of a structural deficit that would support the need for continued physical therapy. At this stage post-injury, the claimant should be well-versed in the use of aggressive, home-based exercises. Absent acute findings and given the chronic nature of the complaints, this request would not be medically necessary.