

Case Number:	CM14-0152282		
Date Assigned:	09/22/2014	Date of Injury:	05/16/1999
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation and is licensed to practice in 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 56-year old female who was injured on 03/16/1999. The mechanism of injury is unknown. Prior medication history included ProAir HFA, Xarelto, Lisinopril, Dexilant, Vasculera, levothyroxine sodium, escitalopram Oxalate and Stagesic. Diagnostic studies reviewed include x-ray of the left foot dated 05/13/2014 revealed stable alignment post shortening osteotomy of the distal 2nd metatarsal and 2nd toe hammertoe repair. She has stable lateral subluxation of the 2nd MTP joint. There are healed fractures of the 4th and 5th metatarsi. On exam, there were no significant findings documented. Progress report dated 06/18/2014 documented the patient presented with a history of peripheral neuropathy. She complained of persistent pain to her left lower extremity. She noted the pain radiates to left side and rated her pain as 7/10. She does have associated symptoms of numbness and tingling, difficulty walking, balance problems, and poor sleep. On exam, she had post-surgical swelling with no allodynia. The patient was diagnosed with knee enthesopathy, bilateral peripheral neuropathy, CRPS of the lower extremity and post-phlebotic syndrome with inflammation. The patient was recommended for physical therapy of the left knee as per RFA dated 08/29/2014. There was no documentation of previous therapy sessions noting whether or not the patient received any benefit from the program. Prior utilization review dated 09/08/2014 states the request for Physical therapy x8 visits as there is a lack of documented evidence from previous therapy treatments of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Physical therapy

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for both passive portion for acute short-term relief and active methods to maintain improvement levels. Guidelines require documentation of objective improvements with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise plan program would be insufficient. There is no supporting documentation of exceptional functional improvement to support the necessity of physical therapy or reasons why a prescribed home exercise plan program would be insufficient therefore, the request is not medically necessary at this time.