

Case Number:	CM14-0176277		
Date Assigned:	10/29/2014	Date of Injury:	04/18/2012
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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, has a subspecialty in Interventional Spine 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 47-year-old female with a date of injury of 04/18/2012. The listed diagnoses per [REDACTED] are: 1. RSD, lower limb.2. Ankle enthesopathy.3. Acquired equinus deformity.4. Joint instability of the ankle.5. Muscle weakness.6. Pain in limb.According to progress report 09/15/2014, the patient presents with history of complex regional pain syndrome and presents with persistent chronic pain. The patient feels unstable walking on right lower extremity and patient reports persistent swelling of the bilateral lower extremities. The patient reports that she has been utilizing a custom-made functional orthotics since February 2013 and she reports excessive wear and tear in her orthotics. The patient attributes 50% improvement in her symptoms associated with utilizing the orthotics. Examination revealed "dorsalis pedis in posterior tibial arteries (1/4), capillary filling time 1 second. Temperature gradient with an increase on left lower extremity (cold foot) and reverse on right lower extremity (warmth to touch), severe hypersensitivity to touch on right foot and ankle." Physician is requesting 12 sessions of physical therapy and 1 pair of custom-made functional orthotics with rear foot and forefoot posting. Utilization review denied the request on 10/07/2014. Treatment reports from 05/05/2014 to 09/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: This patient presents with complex regional pain syndrome in the lower extremity. The physician is requesting 12 sessions of physical therapy. A Utilization review denied the request stating that the "patient has had at least 24 physical therapy sessions back in 2012." The medical file provided for review does not include physical therapy treatment history. For physical medicine, the MTUS guidelines pages 98, 99 recommends for Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. It appears the patient has not had physical therapy since 2012. Given that this patient suffers from CRPS and the lack of documentation of any formal physical therapy in the last 2 or so years. As such, the request is medically necessary.

1 pair of custom made functional orthotics with rear foot and forefoot posting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: This patient presents with complex regional pain syndrome of the right lower extremity. The physician is requesting 1 pair of custom-made functional orthotics with rear foot and forefoot posting. The patient has reported at least 50% improvement in her symptoms associated with pain during the period that she has utilized orthotics. Due to excessive wear and tear, the patient is requesting new orthotics. ACOEM guidelines page 371 has the following: "Rigid Orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." In this case, the patient does not have metatarsalgia or plantar fasciitis for which orthotics are recommended for. The request is not medically necessary.