

Case Number:	CM14-0028226		
Date Assigned:	06/13/2014	Date of Injury:	01/14/2011
Decision Date:	12/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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:

This 37-years /old male developed chronic lower extremity problems subsequent to a cursh injury on 1/14/11. He has developed a CRPS syndrome and fixed contracture either from the CRPS or a prior compartment syndrome. He is currently treated with oral analgesics. The extent of prior physical therapy is not provided in the records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Overturned

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

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

Decision rationale: MTUS Guidelines support extensive physical therapy for CRPS syndrome. Up to 24 sessions are considered appropriate for this diagnosis. There is no evidence provided for review that documents that prior physical therapy has exceeded the amount that is recommended for this specific diagnosis. Under these circumstances, the request for 12 sessions of physical therapy is medically necessary.

Pain Specialist Consult in [REDACTED] Clinic: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker Compensation ,Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: MTUS Guidelines supports referrals to specialists if a particular problem exceeds the expertise of the treating physician. From a medical perspective, it is very reasonable to the treating Podiatrist to refer this patient to a tertiary level specialist for evaluation and treatment recommendations. The request for a pain specialist consult at [REDACTED] is medically necessary.