

<b>Case Number:</b>	CM14-0031251		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome in the lower extremity reportedly associated with an industrial injury of March 22, 2007. The applicant has been treated with the following: Analgesic medications; attorney representations; peroneal nerve release surgery in 2009; unspecified amounts of acupuncture, physical therapy, and cognitive behavioral therapy over the course of the claim. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for 12 sessions of physical therapy on the grounds that the applicant had received 12 sessions of physical therapy in June 2013 and has failed to demonstrate any functional improvement with the same. In a March 12, 2014 appeal letter, the attending provider wrote that the applicant had chronic, intractable low back and left leg pain. The note was somewhat difficult to follow and mingled open complaints with current complaints. The applicant was admittedly not working, it was acknowledged. The applicant was depressed and anxious, it was stated. The applicant was irritable and having emotional issues. The applicant was no longer working as a teacher, it was acknowledged. Allodynia and hyperalgesia were noted about the left ankle with a well-healed scar noted about the same. The applicant exhibited 3+ to 4/5 lower extremity strength. It was stated that additional therapy could be employed to help the applicant ambulate. The attending provider stated that the applicant had only had 12 sessions of physical therapy to date. The attending provider stated that the applicant had good rehabilitation potential and had not had any prior therapy since January 2013. The attending provider felt that the applicant was having difficulty in terms of performing household chores and that additional formal physical therapy could theoretically ameliorate all of that. It was stated that the applicant's worsening mental health issues were impeding and delaying her recovery. The remainder of the file was surveyed. No physical therapy progress

notes were included. It was not clearly stated how much cumulative therapy the applicant had had, how much transpired during the chronic pain phase of the injury, and how much transpired during the postsurgical phase of the claim.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CONTINUED PHYSICAL THERAPY FOR TWELVE (12) SESSIONS: Overturned**

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

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

**Decision rationale:** As noted on page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, a general course of 24 sessions of physical therapy is recommended for the diagnosis of reflex sympathetic dystrophy/chronic regional pain syndrome, the issue reportedly present here. In this case, there are conflicting accounts as to how much cumulative therapy the applicant has had over the course of the claim. Both the attending provider and claims administrator have only documented the completion of 12 sessions of physical therapy at an unspecified point in 2013. No other documented physical therapy has been completed. The applicant, per the attending provider, has significant lower extremity deficits, gait derangement, and lower extremity weakness superimposed on mental health issues. The attending provider has furnished a clear prescription for physical therapy which clearly outlines treatment goals, as suggested on page 48 of the MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 3. The attending provider states that he intends the applicant to try and ameliorate gait and strength deficits through further formal physical therapy. The attending provider has further posited that the applicant's worsening mental health issues have substantially impeded and delayed her recovery. It is further noted that the claims administrator cited a variety of non-MTUS Guidelines in its denial, none of which seemingly addressed the issue at hand, chronic regional pain syndrome (CRPS). Additional physical therapy is indicated, for all of the stated reasons. Therefore, the request is medically necessary.