

<b>Case Number:</b>	CM14-0032425		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/20/1998
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Pain Management 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 62 year old female with an injury date on 05/20/1998. Based on the 02/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Reflex sympathetic dystrophy (CRPS) 2. Fibromyalgia Exam on 02/11/2014 reveals the patient has ongoing right wrist, shoulder pain, left buttock, and left knee pain prescribed Oxycontin 120mg, and Norco 20mg. [REDACTED] is requesting physical therapy to the lumbar spine 2 times a week for 2 month. The utilization review determination being challenged is dated 02/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/15/2013 to 02/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy sessions for lumbar spine, twice a week for 2 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the 02/11/2014 report by [REDACTED] this patient presents with ongoing right wrist, shoulder pain, left buttock, and left knee pain. The treater is requesting physical therapy to the lumbar spine 2 times a week for 2 months. The Utilization Review denial

letter denied the request stating Provider order is for physical therapy lumbar spine, 2 per weeks for 2 months. Amount of Physical Therapy for this 16 year old claim is unknown. I recommend non-certification as there is no objective clinical evidence of significant improvement in function, on exam findings or with less medication use with Physical Therapy to date for these 16 year old injuries. Regarding Reflex sympathetic dystrophy (CRPS), MTUS guidelines pages 98, 99 recommend 24 visits over 16 weeks. Review of the medical reports from 08/15/2013 to 02/11/2014 does not discuss recent or prior therapy treatments and there were no therapy reports provided for review. The treater does not discuss how the patient has responded to therapy treatments in the past and there is no current discussion as to why therapy is required other than for the patient's subjective complaints. While a prolonged course of therapy for RSD (Reflex Sympathetic Dystrophy Syndrome) is supported by MTUS, the recommendation is for the initial injury time-frame. This injury is from more than a decade ago. A short course of therapy may be reasonable for this patient given lack of recent therapy but the current request is for 16 sessions over 2 months. Therefore, the request for Physical Therapy sessions for lumbar spine, twice a week for 2 months is not medically necessary and appropriate.