

<b>Case Number:</b>	CM14-0039819		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 43 year old male who has been diagnosed with lumbosacral and thoracic neuritis a post industrial related injury on 3/13/13. The utilization review dated 03/21/14 resulted in a denial for physical therapy as the injured worker has previously completed 16 sessions of physical therapy and insufficient information was submitted regarding the need for additional treatment. The request for orthotics at the right foot was not indicated as no information had been submitted regarding the injured worker's findings consistent with plantar fasciitis or pain related to rheumatoid arthritis. The request for a 3rd sympathetic block in the lumbar sacral region resulted in a non-certification as insufficient information had been submitted regarding the injured worker's objective response following the most recent injection. The clinical note dated 05/23/14 indicates the injured worker complaining of right knee pain. The injured worker had complaints of right knee, right ankle, neck, and shoulder pain. The injured worker also had complaints of low back pain. Upon exam, tenderness was identified over the peripatellar area as well as the medial joint line. The injured worker was able to demonstrate 0 to 135 degrees of range of motion at the right knee. Quadriceps atrophy was identified measuring 2.5 centimeter compared to the left. The injured worker was also previously identified as having grade 3 chondromalacia at the right knee. The injured worker was being recommended for viscosupplementation injections at that time. The injured worker was also recommended for additional physical therapy. The clinical note dated 05/08/14 indicates the initial injury occurred in 2013 after a fall off a ladder resulting in soft tissue swelling. The clinical note dated 03/21/14 indicates the injured worker able to demonstrate 5/5 strength throughout the lower extremities. No reflex or sensation deficits were identified in the lower extremities. The procedural note dated 02/26/14 indicates the injured worker having undergone a 2nd lumbar sympathetic block.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (Physical Therapy) for 8 sessions C/S (cervical spine), bilateral shoulders, right knee and right foot:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical Medicine.

**Decision rationale:** The documentation provided for review indicates the injured worker complaining of pain at several sites. The clinical notes indicate the injured worker having completed 16 physical therapy sessions to date. Additional therapy would be indicated provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment along with ongoing functional deficits. No information was submitted regarding the injured worker's significant functional improvements. Additionally, given the completion of a full course of conservative therapy, it would be reasonable to expect the injured worker to progress to a home exercise program to continue to address any residual deficits. Therefore, this request is not indicated as medically necessary.

**Orthotics for the right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter (updated 02/20/2014) - Orthotic Devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices.

**Decision rationale:** The request for a right foot orthotic would be indicated provided the injured worker meets specific criteria to include findings consistent with plantar fasciitis or pain related to rheumatoid arthritis. No information was submitted regarding the injured worker's findings consistent with plantar fasciitis. No information was submitted regarding the injured worker's diagnosis of rheumatoid arthritis. Given these factors, the request is not indicated as medically necessary.

**3rd Sympathetic Block for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

**Decision rationale:** A 3rd sympathetic block would be indicated provided the injured worker demonstrated an objective functional improvement following the most recent sympathetic block. There is an indication the injured worker has undergone a sympathetic block in February of 2014. However, no information was submitted regarding the injured worker's objective functional improvement. Given these factors, the request is not medically necessary and appropriate.