

<b>Case Number:</b>	CM14-0049585		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 41-year-old male with date of injury of 08/16/2010. The listed diagnoses per [REDACTED] dated 02/13/2014 are: chronic regional pain syndrome, right foot, lumbosacral sprain/strain, right ankle sprain/strain. According to this report, the patient complains of persistent pain in his right foot that ascends to his right gluteal/lower back. He reports that it is throbbing and sweaty. He states that Norco helps relieve his pain and uses it as needed. The objective findings show the right foot is tender. There is a 1+ pretibial edema. His gait is antalgic and limited. Right foot is guarded when weight bearing. The Utilization Review denied the request on 03/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 4 weeks to right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, pg. 98-99. Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pg. 98, 99.

**Decision rationale:** This patient presents with right foot pain. The treater is requesting 8 physical therapy sessions for the right ankle. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for various myalgias and neuralgias and 24 visits for reflex sympathetic dystrophy. The progress report dated 01/17/2014 documents that the patient has received 24 sessions of physical therapy. The records do not include therapy reports to review the patient's progress. In this case, the patient has received some 24 sessions of physical therapy. The treater is requesting 8 additional sessions but does not explain why additional therapy is needed. The patient already completed adequate therapy and the number of treatments recommended per MTUS. The patient should be able to start self-directed home exercise program to decrease pain and improve strength. The request is not medically necessary.