

Case Number:	CM14-0066854		
Date Assigned:	07/11/2014	Date of Injury:	08/05/2013
Decision Date:	08/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 51-year-old female with a date of injury of 08/05/2013. The listed diagnosis per [REDACTED] is complex regional pain syndrome, left lower extremity, secondary to left OS calcis fracture. According to progress report 04/04/2014 by [REDACTED], the patient has developed a complex regional pain syndrome of her left lower extremity. Her plain x-rays demonstrated severe osteopenia, most severe in the periarticular distribution consistent with RSD. There is deformity of the calcaneus suggesting remote injury. Examination of the left lower extremity revealed discoloration of the left foot with relative immobilization in plantar flexion and severe and diffuse pain and swelling. The treating physician states the patient needs additional and progressive physical therapy with aqua therapy. The request is for 12 additional outpatient physical therapies with aqua therapy to address the left lower extremity complaints. Utilization review denied the request on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional outpatient physical therapy with aqua therapy to the left lower extremity three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the Chronic Pain Medical Treatment Guidelines, Physical Medicine

Decision rationale: This patient presents with complex regional pain syndrome of her left lower extremity. The treater is requesting twelve additional physical therapy with aqua therapy sessions for the left lower extremity. The patient has a diagnosis of complex regional pain syndrome and continues to have pain and swelling over the left lower extremity. Utilization review indicates authorization was already given for 24 physical therapy visits in the recent past. The dates of the therapy are unknown. For physical medicine, the MTUS guidelines page 98, 99 recommends for Reflex Sympathetic dystrophy (CRPS), 24 visits over 16weeks. In this case, the treater does not provide documentation of the outcome from prior physical therapy. Furthermore, the requested additional 12 sessions combined with the 24 already authorized exceeds what is recommended by MTUS. The requested treatment is not medically necessary and appropriate.