

Case Number:	CM14-0121144		
Date Assigned:	08/06/2014	Date of Injury:	09/04/2010
Decision Date:	01/15/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

This is a 46 year old male with a work related right calf injury dated 09/04/2010 that occurred while pushing a loaded pallet. According to a visit note dated 07/16/2014, the injured worker presented with complaints of continued pain in his right foot and ankle and recently completed a series of three lumbar sympathetic blocks. The injured worker stated that he has significant pain relief for 5 days after each block. Other treatments have included surgery, heat/ice, medications, and physical therapy, which notes that he has attended 24 sessions in 2012 and was somewhat helpful. No physical therapy notes were noted in received medical records. Diagnoses included autonomic nerve disorder, reflex sympathetic dystrophy of lower limb, neuropathy in other diseases, and pain in joint of ankle and foot. Work status is noted as total temporary disability. On 07/22/2014, Utilization Review denied the request for physical therapy right ankle - 12 sessions citing CA MTUS Chronic Pain Guidelines. The UR physician noted that the injured worker completed 24 physical therapy visits with minimal pain relief and due to the temporary benefit with prior 24 therapy visits without any supportive documentation for the need of supervised therapy versus home exercises. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right ankle -12 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient presents with chronic pain affecting the right ankle and foot. The current request is for physical therapy right ankle -12 sessions. The treating physician report dated 7/16/14 indicates that the patient had right ankle ligament repair, peroneus brevis repair, posterior tibial tendon tenosynovectomy performed on 10/30/12. The patient's condition did not improve following surgery, his foot pain with burning is worsening and he has been diagnosed with CRPS (complex regional pain syndrome). The MTUS guidelines for CRPS does recommend physical therapy up to 24 sessions over 16 weeks. In this case, the patient has not had any therapy in over two years, there has been a worsening of his condition and he has been diagnosed with CRPS which MTUS supports physical therapy up to 24 sessions. Therefore, this request is medically necessary.