

Case Number:	CM14-0195161		
Date Assigned:	12/02/2014	Date of Injury:	08/22/2012
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Pain Medicine 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 patient with a date of injury of August 22, 2012. A utilization review determination dated November 4, 2014 recommends modified certification of therapy for the right lower limb. 12 sessions were requested and 6 were recommended for certification. A progress report dated October 27, 2014 indicates that the patient underwent acupuncture and psychology which were both helpful. She continues to work on physical therapy since she feels that she has not achieved full range of motion in her right ankle and has lower strength in her right foot. Physical examination findings reveal hypersensitivity in the right foot with mild swelling present. The gait is unremarkable. Diagnoses include CRPS in the lower extremity, major depressive disorder, and panic disorder. The treatment plan recommends ongoing physical therapy to work on increasing her range of motion and to tolerate weight-bearing on her right ankle. Additionally, lidoderm, ibuprofen, and Norco were prescribed. A progress report dated August 5, 2014 indicates that the patient is not doing acupuncture or physical therapy. "They were both helpful previously, though PT exacerbated her pain, it improve her mobility."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the lower limb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Chronic Pain Medical Treatment Guidelines recommend 24 therapy visits over 16 weeks to treat CRPS. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.