

Case Number:	CM14-0022811		
Date Assigned:	06/11/2014	Date of Injury:	10/18/2013
Decision Date:	02/06/2015	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

2/3/14 note reports condition of CRPS. There is a request for continued Physical therapy.
1/31/14 note reports pain in the finger and wrist from CRPS. The insured reports trying surgery and physical therapy with some relief. Exam notes reduced range of motion in the left extremity. The reflexes are 2/4 bilaterally. There are reports vasomotor changes and motor trophic changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] regarding further therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS
Page(s): 301-310.

Decision rationale: The medical records indicate neurologic symptoms of pain related to CRPS which has not fully responded to treatment to date. MTUS supports specialty referral to aid the primary physician with diagnostic and management of conditions outside their area of specialty. Pain consultation is supported to provide primary treating physician with information for diagnosis, treatment and prognosis of neurologic findings. This request is medically necessary.

Additional physical therapy two times six: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records report pain in the lumbar region but do not document specific functional goals for 12 physical therapy visits. MTUS supports physical therapy for identified goals up to 8 visits for lumbar sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 12 visits of physical therapy. This request is not medically necessary.