

Case Number:	CM15-0108673		
Date Assigned:	06/15/2015	Date of Injury:	07/26/2001
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 53 year old female, who sustained an industrial injury on 7/26/01. She reported a lower back injury. The injured worker was diagnosed as having left foot status post crush injury, s/p Morton's Neuroma, complex regional pain syndrome, neuropathic pain of lower extremity, dysautonomia, lymphedema, chronic pain, pain induced insomnia and adjustment disorder with anxiety and depression. Treatment to date has included aqua therapy, compression stockings, oral medications including Cymbalta, OxyContin, Morphine and Lasix; activity restriction and physical therapy. Currently, the injured worker complains of severe leg pain rated 9/10 without medications and 6-8/10 with medications. She is currently temporarily totally disabled. Physical exam noted allodynia and hyperalgesia of both legs, swelling of both legs and both lower extremities respond to thermal changes with rubbing alcohol and toes and feet are extremely edematous. The treatment plan included lymphedema therapy, pain management, functional restoration program and a pneumatic pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Lymphedema clinic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic): Lymphedema pumps.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for left lower extremity pain including a diagnosis of CRPS due to a crush injury. When seen, pain was rated at 6-9/10. She had received compression stockings. There was hyperalgesia and extreme edema. There was concern that she might develop cellulitis. She had not had prior lymphedema therapy. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to determine whether ongoing lymphedema treatment was necessary. The request is not medically necessary.

1 pain management consult with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatment guidelines, State of Colorado Department of Labor and Employment Chapter; Chronic pain disorder; Section; Therapeutic procedures, Non-operative, 4/27/2007, pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p 127.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for left lower extremity pain including a diagnosis of CRPS due to a crush injury. When seen, pain was rated at 6-9/10. She had received compression stockings. There was hyperalgesia and extreme edema. There was concern that she might develop cellulitis. She had not had prior lymphedema therapy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing pain due to CRPS and further treatments including interventional care may be an option. Therefore, the requested evaluation is medically necessary.

1 functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p 30-32 (2) Functional restoration programs, p 49 Page(s): 30-32, 49.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for left lower extremity pain including a diagnosis of CRPS due to a crush injury. When seen, pain was rated at 6-9/10. She had received compression stockings. There was hyperalgesia and extreme edema. There was concern that she might develop cellulitis. She had not had prior lymphedema therapy. A functional restoration program can be recommended for selected patients with chronic disabling pain. In this case, the claimant is starting a course of new treatments for her lymphedema and further evaluation is being requested. Until her response to these interventions is known, a functional restoration program is not medically necessary.