Case Number:	CM15-0137127		
Date Assigned:	07/27/2015	Date of Injury:	06/16/2012
Decision Date:	08/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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 29 year old female who sustained an industrial injury on 06/16/2012. Mechanism of injury was a fall down stairs. Diagnoses include RSD (Reflex Sympathetic Dystrophy) of the left lower extremity, and displacement of lumbar intervertebral disc and lumbar sprain. Treatment to date has included diagnostic studies, medications, left ankle surgery, work modifications, physical therapy, ultrasound, gait training and strengthening program for the left ankle and use of heat and ice and crutch and lace-up ankle brace. On 08/21/2014 there is an unofficial Magnetic Resonance Imaging report of the left ankle which showed patchy areas of abnormal signal intensity involving all the osseous structures of the ankle and hind foot and mid foot; diffuse muscular atrophy of the plantar musculature, finding suspicious for diffuse osteopenia. X rays done on 06/15/2015 revealed no significant demineralization and overall alignment of things look good. She remains temporarily totally disabled. A physician progress note dated 06/19/2015 documents the injured worker had a slight recurrence of her pain. It has started to hurt a little more now. She has significant swelling in the leg as well and tenderness anterolateral. Pulses are present and her shin is intact. The treatment plan is for anti-inflammatories or going back on her Gabapentin once a day instead of every other day, and a follow up visit in one month. Treatment requested is for 6 physical therapy sessions for the left foot/ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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 sustained a work-related injury in June 2012 and continues to be treated for chronic left lower extremity pain including a diagnosis of CRPS. In May 2014 she was participating in physical therapy and had four treatment sessions remaining. She had progressed to using a cane and a normal shoe. When seen, there had been a recurrence of pain. There was swelling and tenderness. The claimant is being treated for chronic pain with no new injury and has recently completed physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.