

Case Number:	CM15-0144303		
Date Assigned:	08/05/2015	Date of Injury:	09/21/2008
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female with an industrial injury dated 09/21/2008. Her diagnoses included reflex sympathetic dystrophy right lower extremity, complex regional pain disorder bilateral hands, major depressive disorder and anxiety disorder due to medical condition. Prior treatments included physical therapy and medications. She presented on 03/23/2015 with aching and burning of bilateral hands and left lower extremity. Physical exam noted no swelling in her feet with capillary refill less than two seconds in the toes. She had full range of motion of the ankles. Her hands were warm and pink. She ambulated without assistive devices. Treatment plan included physical therapy to the upper extremities "for completion of the global treatment regarding this patient's widespread regional pain disorder." Other treatments included referral for complex regional pain disorder management, medications and follow up. Treatment request is for physical therapy of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The patient has bilateral hand and left lower extremity pain with a diagnosis of complex regional pain syndrome (CRPS). The current request is for Physical Therapy of the bilateral upper extremity 2x6. The treating physician states that physical therapy has been completed for the lumbar spine, but he is now requesting physical therapy for the upper extremity. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. The treating physician states, Physical therapy 2x6. The physician requesting treatment has not provided justification to why this patient's condition requires physical therapy beyond the MTUS guidelines. In this case, the records indicate that a prior course of adequate physical therapy was ineffective. There has been no documentation of functional improvement and there has been no documentation of new injury for which an additional 12 physical therapy sessions may be justified. Furthermore, the request exceeds the number of sessions recommended by the CA MTUS even if the physical therapy is now directed to the upper extremities. As such, the available medical records do not establish medical necessity for the above request.