

Case Number:	CM15-0147029		
Date Assigned:	08/07/2015	Date of Injury:	07/30/2003
Decision Date:	09/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 54 year old male, who sustained an industrial injury on 7-30-03. The injured worker was diagnosed as having foot pain with loss of muscle mass, allodynia and muscle atrophy, lumbosacral spinal pain, possibility of reflex sympathetic dystrophy, focal neuropathy, complex regional pain syndrome of the right lower extremity, and low back pain. Treatment to date has included placement of a spinal cord stimulator and medication. Physical examination findings on 6-8-15 included decreased light touch sensation on the right S1 and L5 dermatomes. Right ankle significant response to light touch and allodynia consistent with dysesthesias from regional pain syndrome was noted. Diffuse tenderness to palpation in the lateral malleolus and anterolateral ligament, decreased sensation from the 2-5 toes on the right, and significant loss of range of motion of the right ankle were also noted. Currently, the injured worker complains of ankle pain and swelling and low back pain with radicular pain in bilateral legs. The treating physician requested authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines -

Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 06/15/2015.

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

Decision rationale: The patient was injured on 07/30/03 and presents with ankle pain and low back pain with radicular pain in the right and left leg. The request is for PHYSICAL THERAPY (quantity not indicated). There is no RFA provided and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient has had any recent physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has a decreased light touch sensation on the right S1 and L5 dermatomes, diffuse tenderness to palpation in the lateral malleolus and anterolateral ligament area of the right ankle, decreased sensation from the 2-5 toes on the right, loss of range of motion of the right ankle, and an antalgic gait/tilt. He is diagnosed with foot pain with loss of muscle mass, allodynia and muscle atrophy, lumbosacral spinal pain, possibility of reflex sympathetic dystrophy, focal neuropathy, complex regional pain syndrome of the right lower extremity, and low back pain. Treatment to date has included placement of a spinal cord stimulator and medication. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain, nor is there any indication of any recent surgery the patient may have had. In this case, physical therapy cannot be warranted without knowing the requested duration and frequency of the physical therapy. MTUS Guidelines for physical therapy are based on the number of physical therapy sessions. Without specifying the total number of sessions, or duration and frequency of therapy, the request cannot be verified to be in accordance with MTUS Guidelines. Therefore, the requested physical therapy is not medically necessary.