

Case Number:	CM15-0202045		
Date Assigned:	10/16/2015	Date of Injury:	03/23/2012
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old male with a date of industrial injury 3-23-2012. The medical records indicated the injured worker (IW) was treated for complex regional pain syndrome. In the progress notes (7-18-15, 7-27-15), the IW reported pain in the left foot and ankle. The spinal cord stimulator trial in January 2015 provided 60% pain relief. Medications included Lorazepam, Nortriptyline, Risperidone, Trazadone and Vistaril. On examination (7-18-15 notes), there was extreme hypersensitivity in the left foot and ankle. Reflexes were 2+ bilaterally throughout. Lower extremity strength was 5 out of 5 and equal bilaterally. Treatments included left ankle injections, left ankle surgery, physical therapy (failed: no indication of number of sessions), home exercise (failed) and spinal cord stimulator trial (1-2015) and implantation (8-31-15). The IW was temporarily totally disabled. A Request for Authorization dated 9-30-15 was received for physical therapy twice a week for six weeks for a total of 12 sessions post spinal cord stimulator placement. The Utilization Review on 10-5-15 non-certified the request for physical therapy twice a week for six weeks for a total of 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for a total of 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks (12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is complex regional pain syndrome. Date of injury is March 23, 2012. Request for authorization is September 30, 2015. There is a single progress note by the requesting provider dated July 18, 2015. There is no contemporaneous clinical documentation by the requesting provider honor about the date of request for authorization September 30, 2015. According to the progress note dated July 18, 2015, the injured worker presents for permanent spinal cord stimulator placement. The injured worker underwent a successful trial. Objectively, there is hypersensitivity to the left foot and ankle. There is no clinical discussion, indication or rationale for physical therapy 12 sessions. As noted above, there is no contemporaneous clinical documentation by the requesting provider on or about the date of request for authorization. There is no documentation of prior physical therapy in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical discussion, indication or rationale for additional physical therapy 12 sessions and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy two times per week times six weeks (12 sessions) is not medically necessary.