

Case Number:	CM15-0204820		
Date Assigned:	10/21/2015	Date of Injury:	11/25/2011
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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 48 year old female, who sustained an industrial injury on 11-25-11. The injured worker was being treated for complex regional pain syndrome of left lower extremity, allodynia and pain of lower extremity. On 8-5-15 the injured worker complained of pain in left leg, ankle and foot; and on 8-26-12, the injured worker reports she has received new stronger pain medication, she notes less pain in right hamstring and thigh but continues with same pain in left thigh. Work status is unclear. Physical exam performed on 8-5-15 revealed severe pain to palpation of entire left foot and patella and on 8-26-15 revealed a decreased size of muscle knot of right hamstring, decreased pain to palpation of thigh and is wearing a walking boot. Treatment to date has included physical therapy for 3 weeks (without indication of functional improvement), oral medications including Tramadol, psychiatric therapy, home exercise program and activity modifications. Request for authorization was submitted on 8-26-15 for follow up visits, treating physician report, 12 physical therapy sessions, and Pregabalin and desensitization classes. On 9-30-15 request for 12 physical therapy sessions was non-certified by utilization review and desensitization classes was modified from 16 to 6 sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT LLE 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 injury in November 2011 and is being treated for chronic left foot pain with injury reportedly occurring due to prolonged standing with a diagnosis of CRPS and secondary anxiety, depression, and insomnia. In June 2015 prior treatments had included completion of three weeks of physical therapy. Treatments include use of a walking boot. When seen, there had been a 25 pound weight gain. There was severe pain with light touch. Tinel's testing was positive at the posterior tibial nerve. The examination was limited due to extreme pain. Authorization for physical therapy and desensitization classes was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could 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 that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

Desensitization Classes 2x8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injury in November 2011 and is being treated for chronic left foot pain with injury reportedly occurring due to prolonged standing with a diagnosis of CRPS and secondary anxiety, depression, and insomnia. In June 2015 prior treatments had included completion of three weeks of physical therapy. Treatments include use of a walking boot. When seen, there had been a 25 pound weight gain. There was severe pain with light touch. Tinel's testing was positive at the posterior tibial nerve. The examination was limited due to extreme pain. Authorization for physical therapy and desensitization classes was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Therapeutic content would be expected to have already included instruction in desensitization techniques which is a mainstay of treatment for this condition. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home program. The request is not medically necessary.

