

Case Number:	CM15-0058559		
Date Assigned:	04/03/2015	Date of Injury:	12/31/2014
Decision Date:	05/26/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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 40 year old female, who sustained an industrial injury on December 31, 2014. The injured worker reported left ankle pain due to impact trauma. The injured worker was diagnosed as having possible complex regional pain syndrome (CRPS) and left ankle contusion. Treatment and diagnostic studies to date have included physical therapy, brace and medication. A progress note dated February 24, 2015 provides the injured worker complains of left ankle pain rated 3/10. She reports overall 60% improvement from the time of injury. She also reports her brace is helpful. Physical exam notes the left foot is cold and discolored. She completed 12 physical therapy treatments and plans to begin aqua therapy. The plan includes additional physical therapy, psychiatric consultation for possible complex regional pain syndrome (CRPS) and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy sessions to the left ankle: Upheld

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

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

Decision rationale: The patient was injured on 12/31/14 and presents with left ankle pain. The request is for physical therapy to the left ankle qty: 8. The RFA is dated 02/27/15 and the patient is on a modified work duty. The 02/05/15 report states that the patient will "continue physical therapy." There is no indication of how many total sessions of therapy the patient had. MTUS Chronic Pain Medical Treatment Guidelines, page 98 and 99, has the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines, page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks; and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. For reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks is recommended. The patient is diagnosed with possible complex regional pain syndrome (CRPS) and left ankle contusion. There is no indication of any recent surgery the patient may have had, and there is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. It is unknown how many sessions of therapy the patient has had thus far and an additional 8 sessions may exceeds what is allowed by MTUS guidelines. Therefore, the requested physical therapy is not medically necessary.