

Case Number:	CM14-0166819		
Date Assigned:	10/14/2014	Date of Injury:	11/23/2012
Decision Date:	12/16/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 38 year old female who sustained an industrial injury on 11/23/12 while working as a CNA/bus driver when a resident's wheelchair rolled over her foot. She was initially diagnosed with fracture of her 3rd metatarsal. Her diagnosis was CRPS/RSD left foot. Her treatment included aquatic therapy, physical therapy, medications, surgery on 09/13/13 to repair a metatarsal stress fracture, right lumbar sympathetic ganglion block and a trial stimulator placement on 07/25/14. She had finished 42 sessions of physical therapy until 07/15/14. Her left foot pain was 6-9/10. Her foot was noted to continue to swell and change color with exercises. She was noted to 20% improvement in her left hip strength, without change in other areas. She was noted not to be progressing with her HEP, but was noted to have increased pool exercise tolerance from 30 minutes to 45 minutes. On 09/08/14, she was noted to have poor tolerance to aquatic therapy. On 09/10/14, she was noted to have poor tolerance to treatment again and the recommendation was changed to land based treatment. A request was sent for 12 visits of land based physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Visits of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS.

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

Decision rationale: The employee was a 38 year old female who sustained an industrial injury on 11/23/12 while working as a CNA/bus driver when a resident's wheelchair rolled over her foot. She was initially diagnosed with fracture of her 3rd metatarsal. Her diagnosis was CRPS/RSD left foot. Her treatment included aquatic therapy, physical therapy, medications, surgery on 09/13/13 to repair a metatarsal stress fracture, right lumbar sympathetic ganglion block and a trial stimulator placement on 07/25/14. She had finished 42 sessions of physical therapy until 07/15/14. Her left foot pain was 6-9/10. Her foot was noted to continue to swell and change color with exercises. She was noted to 20% improvement in her left hip strength, without change in other areas. She was noted not to be progressing with her HEP, but was noted to have increased pool exercise tolerance from 30 minutes to 45 minutes. On 09/08/14, she was noted to have poor tolerance to aquatic therapy. On 09/10/14, she was noted to have poor tolerance to treatment again and the recommendation was changed to land based treatment. A request was sent for 12 visits of land based physical therapy. The MTUS, Chronic Pain Medical Treatment guidelines recommends upto 24 visits over 16 weeks in patients with CRPS. The guidelines also recommend fading of treatment frequency plus active self directed home physical medicine. The employee had a total of 42 visits of physical therapy before August 2014 and had some more sessions of aquatic therapy in September 2014 without any significant benefit. It is not clear how additional 12 visits, well over the recommended number of visits, will be beneficial to the employee. Hence the request for additional 12 visits of physical therapy is not medically necessary or appropriate.