

Case Number:	CM15-0112428		
Date Assigned:	06/18/2015	Date of Injury:	07/17/2012
Decision Date:	07/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 42 year old female who sustained an industrial injury on 07/17/2012. Current diagnoses include complex regional pain syndrome and post traumatic headaches. Previous treatments included medication management, left ankle surgery, spinal cord stimulator, IV Ketamine, physical therapy, biofeedback, massage therapy, and occupational therapy. Initial injuries included the left ankle. Report dated 12/19/2014 noted that the injured worker presented with complaints that included migraine headaches and an exacerbation of her complex regional pain syndrome. Pain level was not included. Physical examination was positive for sensitivity to touch in the left lower extremity. The treatment plan included Imitrex, Topamax, recheck in 2 weeks, and follow up at [REDACTED] for additional Ketamine booster. Disputed treatments include physical therapy, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Disorder Physical Medicine Page(s): 40-42/ 98, 99.

Decision rationale: MTUS Guidelines allow for the liberal application of physical therapy for CRPS syndrome. The medical records sent for review do not document the timing or amount of prior physical therapy. The records also do not include the narrative associated with the recent request for P.T. There is evidence of spreading symptoms that are involving the left upper extremity and possible pelvic region. With the spreading symptoms a course of physical therapy appears consistent with Guidelines and there are no records sent for review that would contradict this conclusion. The request for 6 sessions of physical therapy is medically necessary.