

<b>Case Number:</b>	CM15-0113581		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 55 year old male injured worker suffered an industrial injury on 07/27/2009. The diagnoses included chronic regional pain syndrome left lower extremity, chronic pain and left foot tibial/fibula fracture. The diagnostics included left foot magnetic resonance imaging. The injured worker had been treated with lumbar sympathetic block with 50% to 80% improvement for 2 months and medications. On 5/12/2015 the treating provider reported low back pain that radiated down the left lower extremity and left foot with muscle weakness. The pain was rated 7/10 with medications and 10/10 without medications. On exam the lumbar range of motion was limited by pain. The left lower extremity had tenderness on the left foot with mild swelling and decreased strength with allodynia and discoloration along with atrophy. He reported the pain had worsened. The treatment plan included physical therapy of the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional physical therapy of the left lower extremity (specifically left foot/ankle) 2 times a week for 4 weeks:** Overturned

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

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

**Decision rationale:** This patient presents with low back pain and left foot/ankle pain. The current request is for 8 additional physical therapy of the left lower extremity (specifically left foot/ankle) 2 times a week for 4 weeks. Treatment history includes lumbar sympathetic block, acupuncture, physical therapy, and mediations. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as 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 pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks According to progress report 05/12/15, the patient reported an increase in low back pain that radiates into the left foot, and burning sharp pain in the left leg/foot. Physical examination revealed lumbar range of motion was limited by pain. The left lower extremity revealed tenderness on the left foot with mild swelling and decreased strength with allodynia and discoloration along with atrophy. The treater recommended a course of physical therapy as the patient reports significant increase in symptoms. It was noted that "physical therapy was attempted briefly in the past but not continued due to aggravation of pain from prescribed therapy." There are no physical therapy reports provided for review. In this case, the patient suffers from CRPS and it appears he has not participated in any recent therapy. Given the patient's complaints of significant increase in symptoms, a course of 8 sessions for reinforcement and HEP training is reasonable. This request IS medically necessary.