

Case Number:	CM15-0096197		
Date Assigned:	05/26/2015	Date of Injury:	06/04/2014
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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: California

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 31 year old female, who sustained an industrial injury on 6/04/2014. She reported a trip and fall, while going down steps, twisting her right knee and right foot. Prior surgery to her right knee was noted in 2011. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower extremity and anterior cruciate instability. Treatment to date has included diagnostics, an unspecified amount of physical therapy, walking boot, and medications. Currently (4/15/2015), the injured worker felt as though she had made progress since last seen three months prior. Her pain level was reported as 3. She reported physical therapy to be helpful and stated that her physical therapist did not have special expertise in treating CRPS (chronic regional pain syndrome). She was focusing on strength training exercises, which she found helpful. Current medication included Gabapentin. She expressed concern over the stability of her right knee when she tried to do more activity. Physical exam noted reduced mobility of the right ankle, with areas of edema around the lower leg and right foot. The treatment plan included physical therapy for the right lower extremity, 2x4, with particular staff with special expertise in treating CRPS. She was instructed to continue with a home exercise program as well. She was to continue working at her current job duties, which were largely sedentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks right lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that the patient has had prior PT, but information subsequent to the utilization review suggests that this was not directed at CRPS as this was not the initial diagnosis and the physical therapist was also not experienced in the management of CRPS. In light of the new information, it appears that a short course of PT to treat CRPS would be reasonable and the currently requested physical therapy is medically necessary.