MAXIMUS Federal Services

Case Number:	CM13-0006383		
Date Assigned:	08/29/2013	Date of Injury:	08/15/2008
Decision Date:	01/17/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 58 YO, male with a work injury dated 08/15/2008. Mechanism of injury was not noted. Reports provided in the 82 page medical file are incomplete and are lacking pertinent information. Report dated 01/22/2013 by [redacted] indicates patient is present with edema to feet/ankle, superficial phlebitis of the lower extremity veins, thrombophiebitis and varicose veins of lower extremities with edema, pain and swelling. She had a varicose vein stripping (01/11/2011). Further report dated 03/14/2013 reports patient complains of persistent lower back and leg pain. Heel-toe gait and reflexes were noted to be good. On 03/20/2013 patient underwent another avulsion stripping varicosities in calf. There are no post operative or progress reports provided to support the request for physical therapy for the leg. The most recent report, pertaining to the leg, is of the operative report (03/20/13). UR dated 07/25/2013 denied request for 1x3 physical therapy for the leg stating there was lack of current indications for any PT and the UR report also noted that MTUS and other guidelines do not support PT for the leg after varicose vein surgery

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for left leg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: Patient is s/p varicose vein stripping surgery. Report dated 01/22/2013 by [redacted] indicates patient is present with edema to feet/ankle, superficial phlebitis of the lower extremity veins, thrombophiebitis and varicose veins of lower extremities with edema, pain and swelling. The patient had a varicose vein stripping in 2011. Report dated 03/14/2013 notes patient complains of persistent lower back and leg pain. Heel-toe gait and reflexes were noted to be good. On 03/20/2013 patient underwent another avulsion stripping varicosities in calf. There are no post operative or progress reports provided thereafter. The most recent report, pertaining to the leg, is the operative report (03/20/13). UR dated 07/25/2013 denied request for 1x3 physical therapy for the leg stating there was lack of current indications for any PT and the UR report also noted that MTUS and other guidelines do not support PT for the leg after varicose vein surgery. Reports provided in the 82 page medical file are incomplete and are lacking pertinent information. However, there is no evidence that the patient has had any therapy following 3/20/13 surgery. MTUS and ACOEM guidelines do not discuss varicose vein stripping. However, patients typically can end up with deconditioning and mobility issues following surgery. Page 11 of post-surgical therapy treatment guidelines state that treatment is provided to patients to facilitate post-surgical functional improvement. The requested therapy of 3 sessions for post-operative care appears reasonable. Recommendation is for authorization