

Case Number:	CM13-0035892		
Date Assigned:	12/13/2013	Date of Injury:	04/01/2011
Decision Date:	02/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 and is licensed to practice in Oklahoma and Texas. 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. 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 patient is a 50-year-old female who reported a work-related injury on April 01, 2011, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: left leg wound dehiscence, left lateral leg paresthesias, and post-op left leg. The patient is status post a common peroneal neurolysis as of March 2013. Clinical note dated November 08, 2013 reports that the patient was seen in clinic under the care of [REDACTED]. The provider documents that the patient's right lower extremity is essentially without symptoms, and negative Tinel's sign associated with common peroneal, superficial peroneal, and deep peroneal nerves were noted. To the left lower extremity, the common peroneal appears to be progressive, per the provider, as there was no Tinel's with percussion. The patient reports a numb patch just inferior to the incision, reflective of a small cutaneous nerve that was affected during the release of the common peroneal. There was a Tinel's sign over the superficial peroneal nerve and the sural nerve, just posterior to the ankle of the left side, as corresponds with the area of burning that the patient reports. The provider documented that the patient was administered superficial peroneal nerve (SPN) and sural nerve blocks. In addition, the provider recommended physical therapy interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

neurogenic physical therapy, three (3) times a week for five (5) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Ankle & Foot Chapter).

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

Decision rationale: The clinical documentation submitted for review fails to evidence the duration, frequency, or efficacy of postoperative therapies for the patient. The provider fails to document any functional deficits upon exam of either of the patient's bilateral lower extremities to support continued physical therapy interventions at this point in her treatment. The California MTUS guidelines indicates to allow for fading of treatment frequency from up to three (3) visits per week to one (1) or less, plus active self-directed home physical medicine. Given all the above, the request for physical therapy three (3) times a week for five (5) weeks is not medically necessary or appropriate.