MAXIMUS Federal Services

Case Number:	CM14-0180206		
Date Assigned:	11/04/2014	Date of Injury:	07/04/2012
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert 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 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/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 73-year-old male with a date of injury of 07/04/2012. The listed diagnoses per [redacted] are:1. Chronic right leg pain.2. Right leg superficial peroneal nerve neuritis.3. Superficial peroneal nerve entrapment.4. Status post right lower leg superficial peroneal nerve release.5. Status post superficial peroneal nerve transection with nerve end burial into muscle (08/29/2014).According to progress report 10/16/2014, the patient presents with well-healed incision along the lateral aspect of the leg. The patient reported "diminished acuity of light touch sensation in the distribution of the superficial peroneal nerve." Examination revealed no significant operative site tenderness and the leg compartments are soft. Motor function remains intact upon assessment of ankle plantar flexion, ankle dorsiflexion, extensor hallucis longus testing/hindfoot inversion and eversion. Treater states the patient is doing "well postoperatively." Recommendation is for patient to continue physical therapy. Utilization review denied the request on 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 visits of the right lower leg and right upper leg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient is status post right leg superficial peroneal nerve transection with nerve burial into the musculature on 08/29/2014. The treater is requesting physical therapy, 8 visits of the right lower leg and right upper leg. There are no guidelines specific to this particular surgery, but for "nerve repair" such as median and ulnar nerves, 20 visits are recommended per Post-op MTUS guidelines. Review of the medical file indicates the patient underwent 5 postoperative physical therapy sessions between 09/23/2014 and 10/02/2014. Physical therapy treatment report from 09/23/2014 states that the patient has "no real pain at the leg but some residual pain at the incision site, nothing deep." It was noted the patient tolerated the treatment well and there was residual swelling and nerve pain. Treatment report from 09/30/2014 indicates that the patient reports less sensation in the plantar aspect of the foot and there is persistent swelling in the right lower leg. Report 10/02/2014 continues to note that the patient has swelling of the lower leg and now with numbness into the plantar aspect of the foot. Patient was able to tolerate her exercises and decreased ROM, strength, and balance noted. In this case, additional 8 sessions for the patient's residual swelling and decreased ROM is reasonable and request is medically necessary.