

Case Number:	CM14-0056925		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2011
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and is licensed to practice in 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 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 injured worker is a 41 year old male who suffered an injury to his right calf on 05/03/11 when he was bitten by a dog. The injured worker is diagnosed with right saphenous neuritis and complains of intermittent sharp pain and discomfort in the right calf with respect to the puncture wound site. The injured worker has a reverse J scar on the medial side of the proximal calf that measures about 4 centimeters in length. A second scar measures 1.5 centimeter in length and is slightly closer to the knee. There is a triangular area of ecchymosis inferior to the larger scar that measures 4 to 5 centimeters on each side and is the area of hypersensitivity. The injured worker has received multiple injections to the larger scar which provided temporary relief lasting one to two weeks was noted. The injured worker now wishes to proceed with a recommended excision of the scar tissue from the calf and this procedure has been approved by utilization review (UR) dated 04/01/14. The same UR modified a request for preoperative testing to recommend certification for preoperative labs to include complete blood count (CBC) and basic metabolic panel (BMP). A request for an Xforce stimulator was denied by this UR, stating the injured worker is certified for postoperative physical therapy which should be sufficient. This is a review for requests for preoperative labs to include complete blood count (CBC) and basic metabolic panel (BMP), and Xforce stimulator unit and supplies and postoperative physical therapy at three times per week for two weeks for the right calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs (including CBS and BMP): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: Utilization Review dated 04/10/14 partially approved the aforementioned preoperative labs as medically necessary and the procedure to excise the injured worker's scar tissue is medically recommended. Noting that there is no documentation that the injured worker has any comorbid conditions or other significant medical history, there is no medical necessity for more extensive preoperative clearance such as chest X-ray and electrocardiogram. Therefore, the request for preoperative labs to include complete blood count (CBC) and basic metabolic panel (BMP) is medically necessary and appropriate.

X-Force Stimulator unit & supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) supports the use of transcutaneous electrotherapy when certain criteria are met. These criteria include evidence that other appropriate pain modalities have been tried (including medication) and failed along with a treatment plan including the specific short and long term goals of treatment with the unit which should be submitted. Records indicate the injured worker is pending surgical intervention followed by physical therapy. As such, the injured worker has not yet failed other appropriate pain modalities. Records do not include specific short or long term goals of treatment with the use of the requested unit. Based on the clinical information submitted, the request for X-Force Stimulator unit & supplies is not medically necessary and appropriate.

Six (6) Post-operative physical therapy sessions for (right calf): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical medicine treatment.

Decision rationale: The injured worker has been approved to undergo surgical intervention for excision of right calf scar tissue. As such, postoperative physical therapy is appropriate; however, the original request for postoperative physical therapy three times a week for four

weeks is excessive. Therefore, the request of six (6) Post-operative physical therapy sessions for (right calf) is medically necessary and appropriate.