

Case Number:	CM14-0119456		
Date Assigned:	08/06/2014	Date of Injury:	04/26/2012
Decision Date:	10/08/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine, 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 55-year-old male who has submitted a claim for right fibular fracture (post-surgical) associated with an industrial injury date of 04/26/2012. Medical records from 01/24/2014 to 07/15/2014 were reviewed and showed that patient complained of right lower leg and ankle pain graded 5-6/10. Physical examination revealed oversensitive surgical wound site and positive Tinel's sign to peroneal and sural nerve sensory branch. X-ray of the right tibia fibular ankle joint (date unavailable) revealed fracture reduced implant in proper alignment and healthy callus formation. Treatment to date has included ORIF bone graft, sural nerve compression neurolysis, superficial peroneal nerve decompression (10/26/2013), at least 20 visits of physical therapy, and oral and topical pain medications. Of note, there was no objective documentation of functional outcome from previous therapy visits. Utilization review dated 07/18/2014 denied the request for EMG/NCV of right lower extremity because the claimant was clearly improving from last visit. Utilization review dated 07/18/2014 denied the request for OT evaluation x 1 - right lower extremity and physical therapy x 12 to the right lower extremity because there was no objective improvement from extensive PT/OT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction/ Electromyography study to the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Low Back chapter, Nerve conduction studies (NCS) : Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of right ankle and lower leg pain. Physical findings include positive Tinel's sign to peroneal and sural nerve sensory branch. The patient's clinical manifestations were inconsistent with symptoms of neuropathy to warrant NCS study. Therefore, the request for Nerve Conduction/ Electromyography study to the right lower extremity is not medically necessary.

Occupational Therapy evaluation to the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already undergone at least 20 visits of physical therapy. There was no documentation of functional outcome from previous visits. It is unclear as to why occupational therapy is needed despite extensive physical medicine treatment. It is unclear as to why the patient cannot transition into HEP as well. The medical necessity cannot be established due to insufficient information. Therefore, the request for Occupational Therapy evaluation to the right lower extremity is not medically necessary.

Physical therapy x 12 visits to the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already undergone at least 20 visits of physical therapy. There was no documentation of functional outcome from previous visits. It is unclear as to why the patient cannot transition into HEP. Therefore, the request for Physical therapy x 12 visits to the right lower extremity is not medically necessary.