MAXIMUS Federal Services

Case Number:	CM15-0018298		
Date Assigned:	02/06/2015	Date of Injury:	02/13/2007
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 50 year old female with an industrial injury dated February 13, 2007. The injured worker diagnoses include lower leg injury and joint pain of the left leg. She has been treated with radiographic imaging, diagnostic studies, compression stockings, and periodic follow up visits. According to the progress note dated 11/14/2014, the treating physician noted moderate to severe lymphedema throughout the legs, left greater than right. There was slightly less swelling in the left foot noted on exam. The right shoulder exam was unchanged. The range of motion was painful throughout. Documentation noted that the injured worker was wearing her compression stockings at examination. The treating physician prescribed services for initial occupational therapy for the bilateral lower extremities, 5 sessions weekly; quantity 60 now under review. Utilization Review determination on December 31, 2014 denied the request for initial occupational therapy for the bilateral lower extremities, 5 sessions weekly; quantity 60, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the bilateral lower extremities, 5 sessions weekly; quantity 60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Medicine

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 60 occupational therapy visits surpasses the six visits recommended for clinical trial to determine functional gains and the recommended maximum number of 10 visits recommended for treatment. The request should not be authorized.