

Case Number:	CM13-0002611		
Date Assigned:	03/03/2014	Date of Injury:	01/05/2013
Decision Date:	05/20/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/17/2013

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 Family Practice 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 reported an injury on 01/05/2013. The patient underwent a right open reduction and internal fixation with an intramuscular nailing of the right femoral neck on 01/06/2013. The patient has completed 32 postoperative physical therapy sessions. The most recent clinical note dated 01/20/2014 reveals the patient complains of muscle weakness, knee pain, and right hip pain secondary to fracture of the femoral neck. X-ray of the right hip revealed fracture healing satisfactorily, alignment without change, and joint spaces well-preserved. The patient reported myalgia and trauma, but denies any soft tissue swelling and joint swelling. Physical examination revealed the patient ambulated with a slight limp. There was no tenderness noted to bony palpation of the lower legs. Soft tissue palpation to the right lower extremity revealed tenderness of the posterior tibial muscle compartment in the gastrocnemius. Neurological examination of the right lower extremity reveals sensation was intact at L4, L5, and S1. Special testing revealed negative straight leg raise test. There was no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the sciatic notch, the ischial tuberosity, the sacroiliac joint, or the greater trochanter. Objective range of motion of the left lower extremity and hip were normal with flexion, extension, external rotation, and internal rotation at 10 degrees. Strength of the right lower extremity was normal rated at 5/5 and abduction was rated 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 VISITS OF POST-OPERATIVE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: Per California MTUS Postsurgical Guidelines, it is stated for the patient's diagnosis, the recommended number of postsurgical physical therapy sessions would be 24 visits over 10 weeks. The postsurgical physical medicine treatment period would be 4 months. The patient has already received prior 32 postoperative physical therapy visits and the 4-month physical therapy treatment period has expired. The most recent clinical documentation dated 01/20/2014 does not provide any significant functional deficit that would warrant the medical necessity for continued physical therapy at this time. As the request exceeds the recommended number of physical therapy sessions recommended per California MTUS Postsurgical Guidelines, and there are no documented significant functional deficits that would warrant the medical necessity for continued physical therapy, the request for additional 12 visits of postoperative physical therapy is not medically necessary.