

Case Number:	CM13-0009327		
Date Assigned:	09/17/2013	Date of Injury:	10/02/2009
Decision Date:	01/14/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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.

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 66-YO, 5'5.5", 140 lbs, RHD, F , with a 10/2/09 industrial injury, she worked as a teacher and tripped on a curb and twisted her right leg and fractured her femur. She underwent ORIF. There was non-union, and a revision surgery with bone graft and exchanged nailing was provided. There was improvement with PT. by 10/17/12, she was P&S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times per week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back Procedure Summary.

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

Decision rationale: The records indicate that the patient has 16 sessions of PT approved for the lower back, and at the time of the UR denial (7/29/13), she had only completed 9 of these. UR stated the necessity for another course of 8 sessions would be dependent on the outcome of the 7 remaining sessions. I was not provided any records beyond the 7/29/13 UR letter, so the outcome of the "remaining 7 visits" is not known. The request presented for IMR is for 8 sessions of PT in addition to the 16 approved sessions of which 9 visits were completed, and there is a reported flare-up from use of orthotics. The outcome of the 7 sessions of PT for the flared condition is

unknown. MTUS recommends 8-10 sessions of PT for unspecified myalgia or neuralgias. The records show the patient has completed 9 sessions. The completed 9 PT sessions and the requested 8 sessions will exceed MTUS recommendations.