

Case Number:	CM13-0021073		
Date Assigned:	12/11/2013	Date of Injury:	03/03/2013
Decision Date:	02/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/06/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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. 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:

Patient is a 61 year old female who missed the last step of a ladder while at work on 3/3/13. She suffered a left impacted tibial plateau. She underwent an open reduction and Internal fixation of left tibial plateau fracture on 3/8/13. She was non weight bearing for approximately 6 weeks post op and then transitioned to toe touch weight bearing. She was treated for cellulitis post op which resolved with antibiotics. The request here is whether PT 3 x 8 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times a week for eight (8) weeks: Upheld

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

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

Decision rationale: Physical therapy (PT) three (3) times a week for eight (8) weeks is not medically necessary per MTUS guidelines. Per guidelines the recommended number of PT visits for fracture of tibia and fibula postsurgical treatment (ORIF) is 30 visits over 12 weeks. Documentation submitted reveals that the patient has exceeded this recommended amount of

visits. There are no extenuating circumstances that would require additional therapy. Additionally, she has been diagnosed with a right shoulder sprain per 10/18/13 documents and therapy was additionally ordered for her shoulder. Per ODG and Chronic Pain Physical Medicine guidelines the request for PT 3 x week for 8 weeks for her shoulder condition exceeds the recommended number for visits for this condition.