MAXIMUS Federal Services

Case Number:	CM13-0025484		
Date Assigned:	11/20/2013	Date of Injury:	11/12/2012
Decision Date:	01/27/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

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 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. 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 26 Year old, male with a date of injury of 11/12/2012. Patient is status ORIF of left tibia (11/12/2012). The report dated 08/06/2013, by [redacted] states, patient has left ankle, knee and leg pain. [redacted] recommends a psychiatry evaluation for the patient's nightmares. Patient's medications include, Ultram, Naprosyn, Prilosec and Norco. Progress report dated 06/07/2013, by [redacted] states, on examination the patient still has some stiffness, but definitely has active dorsiflexion and extension. There is popping in the knee with provocative testing noted. [redacted] test is positive for medial pain and palpation of the medial join line. Patient was certified for 12 post operative PT sessions on 12/18/2012. There were 6 session notes, dated 01/16/2013 to 2/13/2013. It is not clear whether these 6 sessions were included in the 12 prior authorizations or if they were subsequent to the 12 post op sessions. Patient also received additional 8 sessions 04/17/2013 to 06/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks for left lower leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The patient is a 26 Year old male with a date of injury of 11/12/2012. Patient is status ORIF of left tibia (11/12/2012). Patient was certified 12 post operative PT sessions on 12/18/2012. There were 6 therapy notes dated 01/16/2013 to 2/13/2013 included in the medical file. It is not clear whether these 6 sessions were included in the 12 prior certified sessions or if they are subsequent to the 12 sessions. Patient also recently received an additional 8 sessions from 04/17/2013 to 06/13/2013. Physical therapy reports during those periods state patient continued with high level of pain and demonstrated weakness and poor tolerance due to depression. The therapy notes also stated patient's pain was a "major" factor limiting progression. Treating physician does not indicate any reason for requesting additional therapy sessions, including a flare-up or new injury. MTUS allows postsurgical treatment (ORIF) of 30 visits over 12 weeks for fracture of tibia and fibula (ICD9 823). The review of reports does not show that the patient benefited from prior treatments and no current report shows a specific need for additional therapy. Treating physician does not provide any evidence to support the medical necessity for the continuation of physical therapy over the recommended self directed home exercise program. Recommendation is for denial.