

Case Number:	CM13-0026941		
Date Assigned:	03/19/2014	Date of Injury:	11/12/2012
Decision Date:	04/23/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine 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 is a general laborer, pre-stress level 2 in a concrete manufacturing company who submitted a claim for pain in joint involving left lower leg (ICD 719.46) from an associated industrial injury on November 12, 2012. Treatment to date has included pain medications, braces, activity modification, use of assistive devices, physical therapy sessions. Diagnostic procedures to date are x-rays and knee MRI. Utilization reviews from August 21, 2013 denied additional physical therapy (PT) sessions 2x/wk for 4 weeks for left lower leg with a total of 8 PT sessions. Medical records reviewed from 2012-2013 show that the patient has been experiencing 6-8/10 pain at the left lower leg, worse at the left knee. Pain increases with walking. This started after his operation, irrigation and debridement of an open tibia fracture down to and including bone; left tibia intramedullary nail fixation performed on the same day of injury. Radiographic finding show no further injury other than tibial nail, no fractures, no callus formation with evidence of loosening of the hardware. MRI reveals no evidence of osseous, ligamentous, tendinous or meniscal injury. Patient has been taking Norco, Tramadol and Naprosyn for pain and has undergone physical therapy sessions since April 2013 until June 2013. This resulted to improvement in balance strength and increase in range of motion, however there was no increase in functional capacity and no decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 4 WEEKS FOR THE LEFT LOWER LEG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: As stated in the California MTUS postsurgical treatment guidelines, postsurgical physical therapy is recommended at 30 visits over total weeks following surgery for fractured tibia/fibula. In this case, the patient has had 8 visits of physical therapy. However, functional improvements such as increased ability to perform activities of daily living were not documented in the progress notes to continue postoperative physical therapy support. Therefore, the request for physical therapy 2 x 4 weeks for the left lower leg is not medically necessary