

Case Number:	CM13-0049920		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2013
Decision Date:	07/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery 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:

This 32-year-old male laborer sustained an industrial injury on 4/24/13. Injury occurred when he fell from the back of a trailer and was pinned between the wheels and concrete cargo, crushing his lower body resulting in pelvic fractures. He underwent open reduction and internal fixation of bilateral hip fractures and was diagnosed with left elbow and lumbosacral spine contusions. He underwent pelvic external fixation and placement of percutaneous right transiliac transsacral screw on 5/21/14. He was hospitalized for 14 days. The patient underwent left hip hardware removal on 6/13/13. The 9/25/14 treating physician report cited marked improvement with physical therapy. The patient was able to walk without any support and walk on a treadmill. He was using much less pain medications. Physical exam documented slight tenderness to palpation, restricted range of motion, and slightly antalgic gait. The treatment plan recommended continued physical therapy. The 10/23/14 treating physician report cited continued pain and difficulty with walking and standing for more than one to two blocks. He was attending physical therapy and felt he was improving. He was now able to walk without support. He was pushing himself hard in physical therapy, sometimes up to 2 hours. Left lower extremity exam documented well-healed surgical scars, tenderness to palpation and antalgic gait. X-rays of the bilateral hips and pelvic bones showed well healed fractures with no evidence of misalignment. The treatment plan requested 12 additional sessions of physical therapy, to the pelvic and lumbar spine due to continuous functional improvement. The patient had 24 visits of physical therapy but this is not enough due to the extensive nature of the injury. He remained off work. The 10/29/13 utilization review denied the request for 12 additional physical therapy sessions for the pelvic/lumbar region as there were no new hard clinical indications to support the medical necessity of additional physical therapy over home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the pelvic/lumbar region: Overturned

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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hip and Pelvis, Physical therapy.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the post-surgical treatment period had expired. California MTUS Chronic Pain Medical Treatment Guidelines would apply. The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines specifically address deficits in gait and allow for 16 to 52 visits. Guideline criteria have been met. This patient presents with continued functional limitations in ambulatory tolerance/ability and abnormality of gait. Significant functional benefit has been achieved to date in physical therapy. The patient is young and a manual laborer. Full functional restoration is not evidenced and the patient has not plateaued in physical therapy. Additional therapy would be warranted at this time. Therefore, this request for 12 physical therapy sessions for the pelvic/lumbar region is medically necessary.