

Case Number:	CM13-0058886		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2013
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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 Texas. 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 injured worker is a 61-year-old female who reported an injury on 02/28/2013. The mechanism of injury was a fall. The injured worker sustained a fracture of the left hip, for which she received an open reduction and internal fixation on 02/28/2013. She remained in the hospital a week postoperatively, and was discharged home with home health and physical therapy. The clinical information submitted for review indicates that the injured worker has received at least 34 physical therapy sessions for this injury. Despite appropriate postoperative care, the injured worker complained of tightening of the left hip and foot once therapy was complete. Therefore, additional therapy was requested and the injured worker has been paying out of pocket, as she reports a loosening of her symptoms with therapy participation. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS FOR THE LEFT HIP AND LEFT FOOT: Upheld

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

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

Decision rationale: The MTUS Postsurgical Guidelines recommend up to 24 sessions of postoperative physical therapy for repair of a fracture of the neck of the femur. In addition, the postsurgical period is 4 months and for the injured worker, terminated in late 06/2013. In addition, the MTUS Chronic Pain Guidelines recommend up to 10 visits of physical therapy for an unspecified myalgia or myositis after an initial 6 sessions have been determined to be effective. As the injured worker has received at least 34 sessions of physical therapy, this would encompass the 24 postoperative physical therapy sessions plus the recommended 10 sessions by general chronic pain guidelines. As the injured worker has participated in the maximum amount of therapy sessions recommended, and the most recent clinical note did not provide any objective measurements detailing range of motion deficits, it is appropriate that the injured worker continue with a home exercise program/active self-directed home physical medicine at this time. As such, the request for additional physical therapy, three (3) times per week for four (4) weeks for the left hip and left foot is non-certified.