

Case Number:	CM13-0070426		
Date Assigned:	01/08/2014	Date of Injury:	08/05/2013
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 8/5/13. A utilization review determination dated 12/12/13 recommends non-certification of physical therapy. 12/4/13 medical report identifies mild pain with internal or external rotation of the hip, improving. He is putting the majority of his weight on the left leg when he walks and is getting more strength back in the leg. He has worked his way down to a four prong cane. On exam, he is able to internally rotate to 30 degrees with mild pain and externally rotate to 45 degrees with mild pain. X-rays show hardware is in an acceptable position and fractures are well-healing. Treatment plan recommends weaning off of assistive devices as he is fine to continue weight bearing as tolerated and work aggressively on strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO THE LEFT HIP AT 2-3 WEEKS TIMES SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: Regarding the request for additional physical therapy to left hip two times three for six weeks, California Medical Treatment Utilization Schedule (MTUS) cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of more than the 24 Physical therapy sessions recommended by the California Medical Treatment Utilization Schedule (MTUS) following a fracture of the pelvis. There is documentation of improvement, but the provider notes that the patient is fine to continue weight bearing as tolerated and work aggressively on strengthening. There is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy to left hip at two times three for six weeks is not medically necessary.