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| <b>Case Number:</b>   | CM14-0001749 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 06/01/2013 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2014 |

### 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 & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 70-year-old male who reported an injury on 06/01/2103. The mechanism of injury reported was a fall from a 6 foot wall. The clinical note dated 12/13/2013 reported the injured worker complained of pain to the left thigh. The injured worker rated the pain at 8/10 and noted it was constant. The injured worker underwent a femur repair on 06/03/2013. The injured worker has completed 30 sessions of physical therapy to date. The injured worker reported intermittent pain for 6 hours out of 24 hours. On the physical exam, the provider noted the injured worker to be positive for myalgia and joint pain. The injured worker had diagnoses of left femur shaft fracture as well as after care for healing traumatic fracture of leg. The provider is requesting post-op physical therapy 2 times a week for 3 weeks, left femur. The request for authorization was provided and submitted on 12/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE PHYSICAL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS, LEFT FEMUR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, PHYSICAL MEDICINE, 98-99

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for postoperative physical therapy, 2 times a week for 3 weeks, left femur, is non-certified. The injured worker complained of left thigh pain. The injured worker rated the pain 8/10 and constant. The California Post-Surgical Treatment Guidelines indicate therapy programs start immediately following hip surgery allowing for greater improvement in muscle strength, walking, speed, and functional score. The guidelines also note a weightbearing exercise program can improve balance and functional ability to a greater extent than a non-weightbearing program. The guidelines recommend 30 visits over 12 weeks. The request for 12 additional physical therapy sessions would exceed the recommendation of 30 visits over the 12 weeks as the injured worker has already completed 30 physical therapy sessions. Therefore, the request for post-op physical therapy, 2 times a week for 3 weeks, left femur, is non-certified.