

<b>Case Number:</b>	CM14-0009225		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 & Rehabilitation 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 injured worker is a 34-year-old male who reported an injury on 02/04/2013. The injury reportedly occurred when the injured worker was injured from a trash compactor, causing fractures to both of his lower extremities. His diagnoses were noted to include a fracture of the right tibia and fibula, and a fracture of the medial malleolus. His previous treatments were noted to include surgery on 02/06/2013 to the left femur, right tibia, and open reduction internal fixator of the left ankle, as well as postoperative physical therapy. The provider reported range of motion testing reported as active, pain free range of motion; however, it did not specify what part of the body was being tested. The provider reported fractures all appeared well healed radiographically; however, still had mild residual weakness and limitations of muscle endurance by history. The report of authorization was dated 12/20/2013 for 12 additional physical therapy sessions so the injured worker will be able to regain strength/endurance for daily tasks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY X 12 FOR BILATERAL LOWER EXTREMITIES: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**Decision rationale:** The request for additional physical therapy times 12 for bilateral lower extremities are not medically necessary. The injured worker has been shown to have previous postoperative physical therapy. The postsurgical treatment guidelines recommend 30 visits of physical therapy over 12 weeks. There is a lack of documentation regarding current measurable objective functional deficits, including range of motion and motor strength, as well as a quantifiable objective functional improvement regarding previous treatment. There is also lack of recommendations regarding number of previous physical therapy visits. The documentation provided noted full range of motion without pain; however, the documentation did not state regions of the lower extremities. Therefore, despite the lack of current measurable objective functional deficits, and a lack of quantifiable objective functional treatment, the lack of previous number of physical therapy sessions completed, and a lack of exceptional factors regarding the need for additional physical therapy, physical therapy is not appropriate at this time. Therefore, the request is not medically necessary.