

<b>Case Number:</b>	CM14-0016915		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 26-year-old gentleman who was injured in a work related accident on December 30, 2012. In reviewing the medical records, the claimant had undergone a significant course of formal physical therapy throughout April of 2014 for complaints of right hip pain and leg pain. On the clinical assessment of March 11, 2014, it is noted that the claimant sustained fractures to his right leg and pelvis in a car accident on the date of injury in question (December 2012). His physical examination showed resisted weakness with hip flexion and extension, 5/5 motor strength noted otherwise. There was positive Faber's testing to the right hip reproducing anterior and medial complaints. The treatment plan at that time was for continuation of formal physical therapy for the diagnosis of pelvic right tibial shaft and right femur fracture. It was also noted that the claimant had undergone a November 25, 2013 right knee arthroscopy with loose body removal and chondromalacia of the medial femoral condyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 X 4, PELVIC, RIGHT FEMUR AND RIGHT TIBIA:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy at this point in the claimant's course of care cannot be recommended as medically necessary. According to the records reviewed, the claimant has had a significant course of physical therapy throughout March 2014. Chronic Pain Guidelines recommend the role of therapy for nine to ten visits over an eight week period of time for symptomatic flares. The requested twelve additional sessions of therapy exceeds the Chronic Pain Guideline recommendation. When taking into consideration the therapy which has already been utilized through March 2014, the request for twelve additional sessions of physical therapy cannot be supported.