

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0132785 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 02/11/2014 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 patient is a 47-year-old male who has submitted a claim for Closed Fracture of the Mid-shaft of the Right Femur associated with an industrial injury dated 02/11/2014. Medical records from February 2014 to June 2014 were reviewed, which showed "right thigh to be weak though less painful". On physical examination of the right femur and thigh, there was no swelling but with slight tenderness over the fracture site; range of motion 0-130 degrees of flexion. Treatment to date has included open reduction, internal fixation with intramedullary nail of right femur on 02/12/14 and physical therapy since 03/03/2014 from provided report. Utilization review from 07/16/2014 denied the request for 12 additional physical therapy sessions since patient has already completed the initial course of 15 physical therapy sessions and the general course of 30 physical therapy sessions. Guidelines indicate that following the general course of physical therapy, a subsequent course of therapy shall be provided if functional improvement has been documented. The documents provided failed to show any quantitative subjective and objective evidence of functional improvement related to the prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As stated on page 35 of the CA MTUS Post-Surgical Treatment Guidelines for Fracture of the Femur, 30 sessions of physical therapy over 12 weeks within the post-surgical period of 6 months may be prescribed to aid in functional improvement of the patient. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy. Physical medicine treatment may be continued up to the end of the postsurgical medicine period. In this case, patient underwent open reduction, internal fixation with intramedullary nail of femur on 02/12/14. The patient had completed 15 sessions of the initial course of therapy and 30 sessions of general course of therapy since 03/03/2014, from progress notes provided. Progress However, medical records submitted failed to show evidence of functional improvement from prior physical therapy sessions. Progress report from 06/02/2014 cited that goals for additional therapy sessions were to promote gait training and quad exercises. However, it was unclear why patient cannot transition into a self-directed home exercise program given the extensive therapy visits attended. Therefore, the request for physical therapy #12 is not medically necessary.