

Case Number:	CM14-0135002		
Date Assigned:	08/29/2014	Date of Injury:	04/02/2013
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 Mississippi. 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 records presented for review indicate that this 48 year-old male was reportedly injured on April 2, 2013. The claimant is status post polytrauma with surgery for multiple fractures following a fall from the ceiling of the church. The most recent progress note, dated April 18, 2014 indicates that there were ongoing complaints of pain and multiple extremities. The physical examination demonstrated diminished range of motion of the left knee. Diagnostic imaging report includes radiographs of the knee, and evidencing medial shifting of the femur on the tibia with significant medial compartment arthritis. Previous treatment is extensive including multiple surgeries, multiple courses of physical therapy, hardware removal, and follow-up with several surgeons/physicians. Injuries included an L4 burst fracture, a right calcaneal fracture, a left foot calcaneal fracture, right elbow fracture, ORIF of the right scaphoid, triquetral, and perilunate dislocation, and an ORIF for comminuted right tibia fracture. A request had been made for 12 sessions of physical therapy and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 Right Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines support physical therapy for many of the claimant's conditions. However, the most recent progress notes provided in the approximately 3000 pages of medical records includes no documentation of the physical therapy received to date for the diagnosis for which physical therapy is being requested. There is one physical therapy progress note dated April 21, 2014, indicating 7 visits were approved and that the claimant is status post right proximal row carpectomy and volar RCL repair with residual stiffness. The physical therapy documentation notes a date of surgery of January 15, 2014. The assessment on this note indicates that the patient reports that the physician was planning to perform her wrist manipulation. I am unable to identify any documentation in the medical record that the surgeon has performed a wrist manipulation, or any other documentation to substantiate the medical necessity of this request for physical therapy. In the absence of clinical documentation to substantiate the medical necessity of the therapy requested, the request cannot be considered medically necessary.