

Case Number:	CM14-0155784		
Date Assigned:	09/25/2014	Date of Injury:	03/27/2014
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgeon, Fellowship Trained in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 56-year-old male who reported an injury on 03/27/2014. The mechanism of injury involved a motor vehicle accident. The current diagnoses include left knee tibial plateau fracture, left femur fracture, and right tibial pilon fracture. The latest physician progress report submitted for this review is documented on 09/16/2014. Previous conservative treatment is noted to include physical therapy, medications, and speech therapy. The physical examination revealed limited range of motion of the hip, improving range of motion of the knee and ankle, and diminished sensation in the right foot. X-rays of the femur indicated a distal screw. X-rays of the ankle indicated severe degenerative joint disease. Treatment recommendations at that time included additional physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Procedure Summary and the Ankle & Foot Procedure Summary

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the current request for Physical Therapy cannot be determined as medically appropriate.

Speech therapy times 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Procedure Summary, Criteria for Speech therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Speech therapy (ST).

Decision rationale: The Official Disability Guidelines state speech therapy is indicated in patients with a diagnosis of a speech, hearing, or language disorder resulting from an injury, trauma, or a medically based illness or disease. There should be clinical documentation of a functional speech disorder resulting in the inability to perform at the previous functional level. There should also be documentation of an expectation by the prescribing physician that measurable improvement is anticipated within 4 to 6 months. The injured worker does not meet the above mentioned criteria. There is no documentation of a functional speech disorder that has resulted in the inability to perform at the previous functional level. The injured worker does not maintain a diagnosis of a speech, hearing, or language disorder. The request for 12 Sessions of Speech Therapy is not medically necessary.