

<b>Case Number:</b>	CM14-0176452		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Internal Medicine 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 (IW) is a 55-year-old man with an industrial injury on September 18, 2013. The IW was working as a truck driver. The mechanism of injury occurred while he was driving, a one gallon water bottle fell on the floor of the car and ended up under the brake pedal. When he reached down to grab it, he ended up in the emergency lane and struck a Caltrans truck at 40 m.p.h. The IW did not have loss of consciousness, but it took two hours to extract him from the truck. He was taken by airlift to USC where he was noted to have a comminuted right femur fracture, right ankle fracture, as well as a right orbital fracture, disc bulges, and lumbar problems. The IW underwent right femur ORIF with intramedullary rod placement for malunion on March 7, 2014. The IW was transferred to a skilled nursing facility (SNF) for 10 days from March 12, 2014 through March 22, 2014. The IW was authorized a nutritional consult on July 31, 2014. The IW is currently driving. Pursuant to the progress note dated August 27, 2014, the IW has been juicing and has lost 15 pounds in the last 2 weeks. He feels very hopeful about getting better control of his weight. He continues with physical therapy (PT) and acupuncture that is helping. He has reduced his Lyrica down to 25 in the morning. He continues with Endocet 5/325mg four times a day. He notes that he is now able to walk for about 5 to 7 minutes. Upon physical examination, the IW weighs 345 pounds. There is decreased edema in the lower extremities. There is decreased calf tenderness in the lower extremities. Mild trigger points in the gluteal muscles and spinae erectors are noted, but no evidence of bursal irritation over the greater trochanteric region is noted. The IW was recommended PT, acupuncture, a driver's evaluation and a referral to a nutritionist. According to the PT notes dated September 24, 2014, the IW has completed 18 sessions of PT. There is tenderness noted on the left side. The pain is increased and he continues to have pain in the hips. He was provided with treatment. The documentation does not establish how many sessions of acupuncture that the IW has completed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PT X 12 sessions R femur:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 12 sessions right femur is not medically necessary. Physical medicine guidelines allow for fading treatment frequency from the three visits per week to one or less, plus active self-directed home physical medicine. Physical medicine, myalgia and myositis, unspecified 9 to 10 visits over eight weeks neuralgia, new rightists and radiculitis 8 to 10 visits over four weeks. Physical medicine guidelines pursuant to the ODG indicate for fracture of neck of femur postsurgical 18 visits over eight weeks. In this case, the injured worker underwent right femur surgery for nonunion on March 7, 2014. He was transferred to a skilled nursing facility for 10 days. According to the physical therapy note he received/completed 18 sessions of physical therapy. He has completed the course of physical therapy. Consequently, he should be well-versed in an independently applied home exercise program. Additionally, the medical record does not define significant objective functional improvements/deficits in the record. Also, medical record does not establish clinical rationale for additional physical therapy beyond that recommended by the guidelines (18 sessions). Based on the clinical information and medical records and the peer-reviewed evidence-based guidelines, Physical Therapy times 12 sessions Right Femur are not medically necessary.

**Acupuncture 12 sessions R femur:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Acupuncture

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the ACOEM Practice Guidelines, acupuncture 12 sessions right femur is not medically necessary. Acupuncture Medical Treatment Guidelines supersede ACOEM Practice Guidelines. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement 3 to 6 treatments; frequency 1 to 3 times per week; and optimum duration 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20 (e). In this case, acupuncture had been helping. He is now able to walk approximately 5 to 7 minutes. The

medical record does not establish how many acupuncture sessions the injured worker has completed nor does it address the response to prior acupuncture treatment, both subjectively and objectively. Additionally, the medical report from August 27 of 2014 does not establish significant objective functional deficits on physical examination. In the absence of objective functional deficits, an extended course of acupuncture would not be recommended. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Acupuncture Sessions (12) Right Femur are not medically necessary.

**Driver's evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Consultations, page 127.

**Decision rationale:** Pursuant to the ACOEM practice guidelines, a driver's evaluation is not medically necessary. The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the injured worker was currently driving. It is unclear why a driver's evaluation would be medically necessary at this time. There were no clinical findings in the medical record interfering with his driving abilities. Consequently, the driver's evaluation is not medically necessary. Based on the clinical facts in the medical record and the peer-reviewed evidence-based guidelines, the Driver's Evaluation is not medically necessary.

**Referral to a nutritionist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Guidelines, page 127, regarding: Referral / Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Consultations, page 127.

**Decision rationale:** Pursuant to the ACOEM Practice Guidelines, a nutritional consult is not medically necessary. The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the injured worker was authorized a nutritional consult on July 31, 2014. A repeat authorization at this time would not be clinically indicated. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, and Nutritional Consult is not medically necessary.