

<b>Case Number:</b>	CM14-0039362		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 32-year old with an injury date on 7/30/13. Patient complains of right hip pain and right leg pain after a motorcycle accident and subsequent right tibia open reduction interval fixation per 1/28/14 report. Based on the 3/18/14 progress report provided by [REDACTED] the diagnosis is right open tibia and fibula function with bone loss. Exam on 3/18/14 showed wound has healed well. According to the neurological exam, the Ankle stuff is dorsiflexion, quadriceps is weak, and the X-rays are in posterior callus formation. [REDACTED] is requesting physical therapy 3 x week x 6 weeks right open tibia. The utilization review determination being challenged is dated 3/27/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/20/13 to 3/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xwk X 6wks Right Open Tibia Fibula:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Post-Surgical Treatment Guidelines,

Section on Knee, Pages 24, 25.

**Decision rationale:** This patient presents with Right hip pain and right leg pain and is status/post removal of antibiotic spacer of the middle 3rd of right tibia and autogenous bone graft from right iliac crest with bone morphogenetic protein supplementation from 1/27/14. The physician has asked for physical therapy 3 x week x 6 weeks right open tibia on 3/18/14. Review of the report shows no recent physical therapy sessions. MTUS guidelines allows up to 30 sessions of therapy following ORIF (Open Reduction and Internal Fixation) of tibia. Therefore, the Physical Therapy 3Xweek X 6weeks Right Open Tibia Fibula is medically necessary.