

Case Number:	CM14-0045655		
Date Assigned:	06/27/2014	Date of Injury:	08/02/2013
Decision Date:	07/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	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 Pain Management 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:

This is a male patient with the date of injury of August 2, 2013. A Progress Report dated March 5, 2014 identifies Subjective Findings of left knee moderate to severe pain. Objective Findings identify +3 spasm and tenderness to the left anterior and medial joint lines. Valgus test was positive on the left. Varus test was positive on the left. Grinding test was positive on the left. Diagnostic Impression identifies aftercare for surgery of the musculoskeletal system (left knee). Discussion and Treatment Plan identifies 6 additional visits. Functional improvement since the last examination has been shown by decreased Visual Analog Scale from 6 to 4 and increased range of motion for the left wrist flexion and ulnar deviation and right wrist ulnar deviation. The patient has completed 14 sessions since the last request for physical medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine x 6 Visits for the Left Lateral Tibial Plateau Fracture: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: Regarding the request for Physical Medicine x 6 Visits for the Left Lateral Tibial Plateau Fracture, California MTUS Post-Surgical Treatment Guidelines recommend up to 30 total PT sessions after treatment of fractures of tibia and fibula, with half that amount recommended initially. Within the documentation available for review, note is made that functional improvement has been noted with previous therapy; however, the progress made is noted to be for the wrists. There is no indication of the number of therapy sessions completed to date for the patient's tibial fracture, or of any functional improvement with previous sessions. In the absence of such documentation, the currently requested Physical Medicine x 6 Visits for the Left Lateral Tibial Plateau Fracture is not medically necessary.