

<b>Case Number:</b>	CM14-0052805		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Physical Medicine & Rehabilitation 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 26 year-old patient sustained an injury on 12/30/12 from a motor vehicle accident while on the job. Request under consideration include Physical Therapy for 18 sessions. Diagnoses included right knee loose body and femur fracture; Tibia fractures status post (s/p) open reduction and internal fixation (ORIF) in December 2012. The patient was involved in a motor vehicle accident (MVA), sustaining multiple lower extremity fracture status post (s/p) open reduction and internal fixation (ORIF) with post-op home health physical therapy (PT), weight-bearing with crutches and has completed extensive outpatient physical therapy in the last year. X-rays of 1/1/13 showed healed femoral shaft fracture with post-operative changes from removal of hardware. Conservative care has included physical therapy, home exercise program, medications, modified activities/rest. Report of 1/14/14 from the provider noted the patient with right femur fracture. It was noted physical exam showed range of motion not possible with recommendation for 18 sessions of PT. Report of 3/25/14 from the provider noted the patient with complaints of anterior hip pain and discomfort with hip flexion/abduction while driving and with movement of right foot from use of brake/gas pedal. There was also report of right foot aching near first metatarsophalangeal joint. Exam showed active foot and ankle range of motion for dorsiflexion 15 degrees, first metatarsophalangeal (MTP) joint extension on right/left of 55/75 degrees. Report of 3/27/14 from the provider had no recorded objective findings with diagnoses of pelvic fracture; right femur fracture; and right tibial shaft fracture with patient s/p hardware removal and remained full duty. X-rays of pelvic and right knee fracture dated 3/27/14 noted no significant change of internal fixation of pubic symphysis with persistent anatomic alignment and no evidence of complications. X-rays dated 5/21/14 had impression of healed right tibial fracture with stable intramedullary rod and interval removal of interlocking screws; stable exam. Recommended was for additional physical therapy 3 times per week for 6 weeks.

The request for physical therapy for 18 sessions was non-certified on 4/4/14 citing guidelines criteria and lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy X18:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** It is unclear how many total physical therapy visits the patient has received over the last 1-1/2 year; however, there was a recent authorization for 18 additional visits in January 2014 and per subsequent reports from the provider, the patient remains working full duty. All follow-up x-rays show stable and healed fractures without any instability or complications. Post-surgical guidelines allow for 18 post-op visits for lower extremity fractures over a rehab period of 6 months, which the patient has since surpassed. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints, intact clinical findings, and work status of full duty. There is no evidence documenting functional baseline deficits with clear goals to be reached. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury. The physical therapy for 18 sessions is not medically necessary and appropriate.