

Case Number:	CM14-0053041		
Date Assigned:	07/07/2014	Date of Injury:	10/15/2013
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 79-year-old female with a 10/15/13 date of injury. The mechanism of injury was not provided to review. According to a progress report dated 3/13/14, the patient returned for a follow-up for her left fibula fracture and postoperative visit status post Open Reduction and Internal Fixation (ORIF) of tibia on 10/14/13. The patient rated her pain at a 0/10 at rest and 4/10 with activity. She noted that her pain has improved and is now 100% weight bearing. The report documented objective findings, which included; ankle strength of 4/5 with slight musculature atrophy in left ankle. Diagnostic impression concluded: osteoarthritis, tibia/fibula fracture (plafond/pilion type)/closed. Treatment to date included: medication management, activity modification, surgery, physical therapy. A utilization review dated 4/10/14 denied the request for 18 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post -op Physical Therapy 3X6 qty 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical Treatment Guidelines. The Expert Reviewer's decision rationale: "The medical necessity for postsurgical physical medicine treatment for any given patient is dependent on, but not limited to, such factors as the comorbid medical conditions; prior pathology and/or surgery involving same body part; nature, number and complexities of surgical procedure(s) undertaken; presence of surgical complications; and the patient's essential work functions." An initial course of therapy may be prescribed if postsurgical physical medicine is medically necessary. Whenever documentation of functional improvement is provided, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. Physical medicine treatment may be continued after completion of the general course of therapy up to the end of the postsurgical physical medicine period, but only if it is determined that additional functional improvement can be accomplished. CA MTUS post-surgical Guidelines support up to 30 visits over 12 weeks for fracture of tibia/fibula. The patient had surgery on 10/14/13, and this request is beyond the 12 week post-operative physical medicine treatment period. In addition, it is unclear how many physical therapy sessions the patient has already completed. Furthermore, a physical therapy note dated 6/18/14 documented that the patient has more weakness and pain than when initiating physical therapy on 2/20/14 and significantly worse than her last visit on 4/11/14. Guidelines do not support continued physical therapy without documentation of functional improvement. Therefore, the request for Postoperative Physical Therapy 3X6 QTY. 18 is considered not medically necessary.