

<b>Case Number:</b>	CM14-0067326		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 is a 43-year-old male who reported an injury on 08/31/2013. The mechanism of injury was not provided. The diagnosis included right tibial plateau fracture, status post open reduction internal fixation of right tibial plateau, and open reduction, internal fixation of the right tibia on 09/10/2013, Past treatments included crutches, bracing, splints, and 42 visits of physical therapy. Diagnostic studies included an x-ray of the right knee on 01/13/2014. Medications were not included. The note on 01/13/2014 revealed the injured worker was status post ORIF and doing better. He was still complaining of some pain and lack of range of motion. The note dated 04/14/2014 revealed the injured worker was not very cooperative with his visits. The injured worker has full range of motion of his knee, there was no evidence of infection. Per the provider the plan is somewhat challenging due to the fact the injured worker stated his knee was not ok but he does not give any insight on how it is not ok. The radiographic and physical exam shows everything looks good, The plan was to do activities as tolerated. The request is for 1 physical therapy evaluation and physical therapy times 12 visits for the right tibial plateau fracture. The Request for Authorization form and rationale were not provided within documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Physical Therapy evaluation:** Upheld

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

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

**Decision rationale:** The request is for 1 physical therapy evaluation. The injured worker had a history of knee pain. The California MTUS post surgical guidelines recommend up to 30 postoperative physical therapy visits. The injured worker had received prior physical therapy. The clinical findings did not indicate that additional skilled physical therapy would be of functional benefit over an independent home exercise program. The injured worker has returned to work. He had received at least 30 postoperative physical therapy visits. There are no red flags or compelling rationale that would support the medical necessity for additional evaluation for physical therapy. As such, the request is non-certified.

**Physical Therapy X 12 visits for the Right tibia plateau fracture:** Upheld

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

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

**Decision rationale:** The request is for physical therapy times 12 visits for the right tibial plateau fracture is non-certified. The California MTUS post surgical guidelines recommend up to 30 postoperative physical therapy visits. The clinical findings did not indicate that additional skilled physical therapy would be of functional benefit over an independent home exercise program. The injured worker has returned to work. He had received at least 30 postoperative physical therapy visits. There are no red flags or compelling rationale that would support the medical necessity for additional physical therapy. The request would exceed the guidelines recommendations. As such, the request is non-certified.