

Case Number:	CM14-0079594		
Date Assigned:	07/18/2014	Date of Injury:	11/30/2000
Decision Date:	08/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 41-year-old male with a date of injury of 11/30/2000. The listed diagnoses are: Fractured tibia with fibula., Sprained ankle., Idiopathic scoliosis., and Pain in leg. According to progress report 03/28/2014, the patient presents with an increased pain in the left ankle especially where the screws were. He states his knees are doing a little better and the pain which is parapatellarly less. The patient is ambulating with a limp and he is requesting more therapy. The patient states that it has helped him in the past and he would like additional treatment. Examination revealed range of motion at the left knee is a little stiffer today. Treater opines that the patient would benefit from physical therapy treatments to improve range of motion of his knee. Request for authorization from 03/28/2014 request physical therapy 3 times a week for 6 weeks. A utilization review denied the request on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Physical Therapy 3x Week x 6 Weeks Left Lower Leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS post-surgical p 24,25) Page(s): 24, 25.

Decision rationale: This patient is status post ORIF rodding of the tibia from a previous fracture and recently underwent elective surgery to remove the rod on 11/12/2013. Treater states the patient continues with pain and stiffness with range of motion. He believes the patient would benefit from additional physical therapy and requests physical therapy 3 times a week for the next 6 weeks. Physical therapy progress report from 03/19/2014 indicates the patient has had 14 postop physical therapy sessions for rehabilitation. This report states the patient is doing well with therapy and is progressing with function. He is no longer using an assistive device and strength, ROM, and function has improved. "Pain remains limiting factor". MTUS does not provide a specific recommendation following hardware removal but given the solid healing of the bone, a short-course of post-op therapy should be sufficient. In this case, the patient already had 14 sessions following the rod removal. The treater does not discuss why the patient would not be able to transition into a home exercise program. Recommendation is for denial.