

<b>Case Number:</b>	CM14-0086406		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old male with a work injury dated 2/27/14. He fell off of a ladder on that date that was 18-20 foot high. He did lose consciousness. The diagnoses include multiple trauma with status post open reduction internal fixation of a left acetabular fracture and left sacroiliac disruption on 2/27/14, reactive depression, possible closed head injury. Under consideration is a request for Physical Therapy for the left hip (2 x 8) and Occupational Therapy for Functional Cognitive Training, Community Reintegration and Therapeutic Exercises (2 x 8). A 4/23/14 office visit progress note states that the patient states that his pain is worse. He has new left calf pain. He also complained of pain in his back which radiates to his cervical spine area. He is not able to sleep at night and he is still very depressed, No change in medication. Patient denied any other trauma. On exam the patient is walking with a walker, tenderness is palpated in the left calf. There is no swelling or edema. His strength in the left lower extremity is 3+ to 4-/5. The range of motion is slightly limited at the left hip. The treatment included a Doppler to rule out deep venous calf thrombosis. The provider recommended continued Physical Therapy. The document states that the patient has not had much therapy since discharge because the therapy center he is going to does not have available appointment. This is according to the patient and family. A 4/24/14 status update stated that the patient is having headaches, dizziness, blurry vision, and feeling overwhelmed and unable to sleep. His physician prescribed Pamelor to take at bedtime for sleep and an anti-depressant and ordered a neuropsychological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left hip (2 x 8): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 03/25/14).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page 23.

**Decision rationale:** Physical Therapy for the left hip (2 x 8) is not medically necessary as written per the MTUS Guidelines. The guidelines indicate that the patient may have up to 24 post op visits for this surgery. The documentation indicates that he needs further therapy, however without clear documentation of how many visits of therapy he has had already 16 visits cannot be certified. Additionally, the guidelines recommend an initial course of therapy of one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The request for 16 visits exceeds this initial course. With further clarification of how much therapy the patient has had and the outcome post operatively the necessity of physical therapy cannot be determined. Without this information the request for Physical Therapy for the left hip (2 x 8) is not medically necessary.

**Occupational Therapy for Functional Cognitive Training, Community Reintegration and Therapeutic Exercises (2 x 8): 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 Occupational therapy (OT) Physical Medicine Page(s): 74, 98-99.

**Decision rationale:** Occupational Therapy for Functional Cognitive Training, Community Reintegration and Therapeutic Exercises (2 x 8) is not medically necessary per the MTUS guidelines. The patient is already receiving Physical Therapy which will provide therapeutic exercises. The patient is scheduled to have a neuropsychological evaluation to evaluate for cognitive/psychological deficits. The request for 18 visits exceeds the MTUS physical medicine guideline recommendations for therapy and occupational therapy would fall under this guideline. The request for occupational therapy for functional cognitive training, community reintegration and therapeutic exercises (2 x 8) is not medically necessary.