

Case Number:	CM14-0180006		
Date Assigned:	11/04/2014	Date of Injury:	05/27/2014
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery 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 is a 52-year-old male with a 5/27/14 date of injury. According to a progress report dated 11/13/14, the patient had persistent complaints of knee pain mostly anteriorly and laterally, especially when he stands and walks for long periods of time. He had open reduction internal fixation of right lateral proximal tibial fracture performed on 5/30/14. Objective findings: mild lateral joint line and patellofemoral tenderness of left knee, left knee range of motion is 0 to 120 degrees with crepitation, 4/5 quadriceps and hamstrings strength, 5/5 strength of ankle. Diagnostic impression: left proximal, lateral, displaced, comminuted tibial fracture. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/16/14 denied the request for physical therapy. This worker was noted to be doing well with motion of 0-120 degrees and 4/5 strength for the left quadriceps and hamstrings. No clear indication was given as to why additional formal therapy was required over an independent home program. The date of surgery was 5/30/14 and he has completed 30 sessions of therapy. Additional visits would exceed the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2-3 per week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, this patient had open reduction internal fixation of right lateral proximal tibial fracture performed on 5/30/14. However, according to the UR decision dated 10/16/14, he has already completed 30 post-surgical physical therapy sessions. Guidelines support up to 30 visits over 12 weeks, and additional physical therapy treatment would exceed guideline recommendations. In addition, there is no documentation of functional improvement from his completed treatment. It is unclear why this patient has been unable to transition to an independent home exercise program at this time. Therefore, the request for Physical therapy, 2-3 per week x 6 weeks is not medically necessary.