

<b>Case Number:</b>	CM14-0189914		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 New York. 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 has a date of injury of February 6, 2014. She has chronic pain in the left leg. On physical examination there is negative Tinel's at the peroneal nerve. There is tenderness over the anterior tibia in the legs. The foot leg have normal color. There is slight weakness of the left EHL. The patient has had fracture surgery and there is some pain over the hardware. Patient is diagnosed with a compound fracture of the left tibia that was surgically fixed. She had intramedullary rodding surgery. The patient continues to have pain with some weakness of the left foot. X-rays from September 2014 show good fracture healing with radiolucency around the distal screw. The patient continues to use a cane for ambulation. At issue is whether removal of the interlocking hardware screws along with postoperative physical therapy is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy 3 xWk x 4Wks left Tibia:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) post-surgical treatment guidelines page 24 indicate that for fracture of the tibia and fibular post-surgical physical therapy should consist of 30 visits over 12 weeks. Based on the clinical information submitted for this review, the requested physical therapy may exceed guidelines for appropriate amount of physical therapy after this type of surgery. The medical records do not document exactly how much post-operative physical therapy the patient. The patient has been attending physical therapy, but no records from physical therapy or provided. It is unclear exactly, physical therapy the patient has already had. The requested treatment is not medically necessary or appropriate.