MAXIMUS Federal Services

Case Number:	CM14-0194562		
Date Assigned:	12/02/2014	Date of Injury:	04/25/2012
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/19/2014

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 49-year-old female with date of injury 04/25/2012. The listed diagnosis from the 10/17/2014 report is right hip fracture. According to this report, the patient had a previous hip fracture on April 2012 and THA in 2009 or possibly 2010. Her steel plate in the femur broke in March 2013. In August, the patient states that she got up from bed and noticed pain in her groin that seems to radiate to her back. She rates her pain at 4/10 in the right hip and right knee. The pain is worse when walking. The examination shows hip flexion is 4-/5 bilaterally, hip extension is 4+/5 bilaterally, hip abduction and 4-/5 bilaterally, knee flexion and extension is 4/5 bilaterally. Straight leg raise is positively for hamstring tightness, left greater than the right. The treater states that the patient presents with general weakness and deconditioning in the bilateral lower extremities including decreased flexibility, decreased functional strength, and dull pain in the bilateral hips and low back. The documents include physical therapy reports from 10/24/2014 and 10/27/2014, and progress reports from 06/27/2014 to 10/17/2014. The utilization review denied the request on 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the right lower extremity fracture (2 x 4): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 OF 127.

Decision rationale: This patient presents with right hip and right knee pain. The treater is requesting 8 sessions of physical therapy for the right lower extremity fracture (24). The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report from 10/24/2014 shows visit number two. The patient feels more confident and she feels slightly stronger. However she still has some pain on the inside of her hip near the groin. The 10/27/2014 physical therapy report shows visit number 3. The patient's legs were sore after her last session. No improvement in functional strength was noted. She continues to progress towards her goals. It appears that the patient began physical therapy sessions for the patient before UR denied it. Given that the patient presents with significant change in her conditionwith weakness and deconditioning, a short course of physical therapy is supported by the MTUS guidelines. The request IS medically necessary.